Human Services Advisory Board Application for Funding Fiscal Year 2012

AIDS HELP

HUMAN SERVICES ADVISORY BOARD APPLICATION FOR FUNDING FISCAL YEAR 2012 TABLE OF CONTENTS

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MONROE COUNTY HUMAN SERVICES ADVISORY BOARD Application for Funding Fiscal Year 2012

October 1, 2011 - September 30, 2012

		,
Agency Name	AIDS HELP	
Physical Address	1434 Kennedy Drive	
Mailing Address	Same	
City, State, Zip	Key West Florida 33040	
Phone	305.296.6196	
Fax	305.296.6337	
Email	Patrice.c@aidshelp.cc	
Who should we contact with questions about this application?	and the same and t	
<u>application</u> ;	Patrice Pelletier-Sanders 305.2	93.4803

Amount received for prior fiscal year ending 09/30/10	
Amount received for current fiscal year ending 09/30/11	\$25,500
Amount requested for upcoming fiscal year ending 09/30/12	\$20,000 \$30,000
	\$30,000

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's

We understand that all funding received through this opportunity must be spent for the benefit of

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director:

Typed Name of Board President/Chairman:

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

AIDS Help, a non-profit community-based organization, provides case-managed health care, housing, food, counseling, referral, and support services for HIV-infected residents of Monroe County (the Florida Keys). The agency also conducts health education, HIV risk reduction and outreach programs aimed at reducing the impact of HIV infection

2. List the services your agency provides.

Health Care - Medical, dental, vision, home health, pharmaceutical, emergency room, hospital, clinic, hospice/nursing care, alternative therapies, and medical/health insurance payments Case Management - Assistance with securing support from Medicare, Medicaid, and Social Security Administration; referrals to agencies providing basic needs' services; case managers on

Physician - On call physician and hospital admission services 24/7

Nutrition - Vouchers, supplements and nutritional counseling

Counseling - Psychological, health, legal, insurance, substance abuse and family/caregiver Housing - Rental assistance, health-related home improvements and operation of residential facilities that provide independent living

Volunteer Services - Volunteers assist with transportation, meals on wheels, light housekeeping, shopping, moving, and the buddy program

Special Programs - Emergency assistance, health education/risk reduction counseling, HIV homeless outreach assistance and referral

Informational – Client newsletter, bimonthly HIV Positive magazine, access to professional and medical literature, seminars and Internet access from our on-site client computer

3. What services will be funded by this request?

Pharmaceutical reimbursement

4.	Funding category: If you have been previously funded by HSAB, do you HSAB consider changing your funding category? Please circle yes or no:	request to have the
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If yes, please circle the new category for which you would like to be considered: Core Services Quality of Life

If you have not been previously funded, please circle the funding category that you believe best Core Services Quality of Life

5. Will County HSAB funds be used as match for a grant? No.

6. If you answered "yes" to number four, please specify the:

- a. grant award title, granting agency, and purpose:
- b. grant amount:
- c. match percentage requirement and amount:
- 7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:
 - a. how the funds were spent

Pharmaceutical reimbursement

b. how they were used to leverage additional funding.

HSAB funding freed other grants and funding to cover what Ryan White federal funds does not, including colonoscopy screenings for clients to detect cancer and STDs.

In a report generated September 22, 2010, AIDS Help estimates that we were able to match \$25,500 (our 2009 HSAB line item funding) with an amount of \$32,081, or a 126% match.

8. Will any part of this HSAB grant, if awarded, be sub-granted to another organization?

If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."

No.

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."

No.

10. Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s). Also be sure to reflect this information on Attachment F.

No.

11. What needs or problems in this community does your agency address?

AIDS Help is the only agency in Monroe County that serves individuals with HIV and AIDS. Monroe County has the second highest per capita rate of HIV/AIDS infection in the state (only Miami-Dade County has a higher rate per 100,000 population). The Florida Division of Disease Control Surveillance Report (released December 31, 2010) indicates that Monroe County had 77 new AIDS cases in (as compared to 38 new cases reported in 2009). Proper nutrition and a closely adhered to drug regimen are the keys to fighting HIV/AIDS. Having adequate funds to provide nutritional supplements and

the resources for adequate pharmaceutical reimbursement for AH client needs is a never-ending battle.

During 2010 we served 395 clients, ranging in age from 18 years old to over 65 years old. Males make up the preponderance of our clients, representing 86% of the total. New clients in 2010 were 86% male and 14% being female. Ethnically, our clients are 82% white, 11% Black and 12% Hispanic. Income remains low, with 70% of our clients receiving less than \$1354 per month and, of those, 167 receive less than \$903, the Federal Poverty Level. Over three quarters of our clients are diagnosed with AIDS.

12. What statistical data support the needs listed in number eleven? (If applying for \$5,000 or less, a response to question #12 is not required.)

AH provides over \$7,000 of prescription drug reimbursement assistance to 15 of its clients not reimbursed through Medicaid, Ryan White/State General Revenue or ADAP (a state program for individuals with HIV). Client demand for this benefit continues to increase beyond what agency budgets can meet.

During the year ended June 30, 2010, AIDS Help provided nutritional supplements to 40 clients, at an average cost of \$328 who have an AIDS diagnosis and whose incomes are less than 300% of the established poverty level.

Combating weight loss is a particular problem for individuals with HIV/AIDS. The goal is to increase CD-4 (T-cell) counts and decrease viral load. (The CD-4 count is an indicator of the strength of the immune system. People without HIV disease average 800 to 1200 CD-4 cells. Viral Load (VL) is another measurement of HIV. Through careful nutritional attention, low levels of viral particles in the blood can be achieved.)

Ensure is a liquid supplement that helps to gain, or maintain a healthy, weight. It contains antioxidants to naturally help strengthen the body's immune system and 24 essential vitamins and minerals. This helps keep the CD-4 count as high as possible and to prevent it from going below 200 and to always to have an undetectable viral load.

13. What are the causes (not the symptoms) of these problems? If applying for \$5,000 or less, a response to question #13 is not required.)

Because HIV speeds up the body's metabolism, individuals with HIV need more vitamins and minerals than food can provide even when they are eating well. And since HIV adversely affects the appetite, proper nutrition is an ongoing issue for individuals with the virus. This and adequate drug therapies are interrelated since many medications REQUIRE that they be taken with food to insure maximum absorption. Well-nourished individuals are better prepared immunologically to fight microorganisms. Maintaining a adequate micronutrient stores in the body are essential for mounting an effective immune response to opportunistic infections.

Economic challenges cannot be minimized. They directly impact clients, causing anxiety, which can impede healthy living.

The AIDS Drug Assistance Program (ADAP) enrollment last year led to ADAP-waitlisting, meaning all clients qualified for life-saving medicine through ADAP had to find another source for those meds.

AIDS Help has had to increasingly-rely on Patient Assistance Programs (PAP's) from each of the Pharmaceutical companies, especially in February and March of this year, when 41 clients were transitioned to PAP until ADAP funding became available again in April 2011. Reduced formularies too could have resulted in missed medications, if AIDS Help Case Managers had not been able to replace these via PAP's.

14. Describe your target population as specifically as possible.

All AIDS Help clients in Monroe County at less than 300% of poverty who have contracted the HIV virus and/or have received an AIDS diagnosis.

15. How are clients referred to your agency?

Clients are referred from the Monroe County Health Department and from the local HIV clinic on Northside Drive in Key West, as well as from HIV testing conducted by our health educators at nine sites throughout Monroe County and through a mobile van testing program. Many clients self refer. Because our organization does year-round HIV testing county-wide, we have a system in place to assure new positives are brought quickly into the medical/social support system.

16. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

During an extensive eligibility process, financial information on prospective clients is verified to make certain that they qualify for the various federal and state programs available to those individuals with HIV and AIDS.

If, at any time, it is found a client has not been forthcoming about financial information or changes in financial status, benefits are adjusted to reflect that new information. We link to government databases for Medicare, Medicaid and Social Security to help assure that all entitlements benefits are used first.

17. Describe any networking arrangements that are in place with other agencies.

The Florida Department of Health has designated AIDS Help as the lead agency in the County for administering to the needs of individuals with HIV/AIDS. The Florida Keys Quality Care Collaborative, consisting of representatives from the Health Department, Care Center, Department of Children and Families, physicians, Medicaid PAC waiver nurse, AIDS Help and our client bases, meets monthly to address service needs, quality management and strategies for improvement. AIDS Help works closely with the MCHD's HIV clinic to prevent clients from being lost to care and to ensure adherence to treatment and medications.

18. List all sites and hours of operation.

Gordon Rollins Center, 1434 Kennedy Drive, Key West 9A-5P M-F, 5-6 Thursday (case manager on call 24/7)

5701 Overseas Highway, Suite #17, Marathon 9A-5P M-F (case manager on call 24/7)

HIV Testing Sites/Times (Key West and Marathon):

Martin Luther King Pool, 300 Catherine Street 2nd and 4th Wednesday Monthly, 5-7P (on hold during renovation)

Coral City Elks Club, 1107 Whitehead Street 2^{nd} and 4^{th} Thursday Monthly, 6:30 - 8P

Metropolitan Community Church (MCC), 1215 Petronia Every Tuesday, 11A -2P

Trinity Church(Fellowship Hall), 717 Simonton Every Monday Noon – 5P

Fisherman's Hospital, 3301 Overseas Highway Every Wednesday Noon -3P

St. James Church, 312 Olivia Street 1st and 3rd Wednesday Monthly 9A-12P

(If applying for \$5,000 or less, a response to question #19 is not required.)

AIDS Help is governed by a board with a conservative budget philosophy that includes realistic fundraising goals and contingencies to meet the level of service we have provided our clients since the agency's creation in 1986.

We are fortunate that 13% -- or \$497, 803 -- of our 2010 budget was raised through local donations and bequests, a tribute to the involvement and commitment of the Key West community. This allows AIDS Help to meet the requirements necessary to qualify for over \$2.7 million of state and federal funds for client services and education. (For every dollar raised locally the agency draws down approximately five dollars in state, federal and private grants.)

Yet fundraising continues to be hampered by both an erroneous perception that the AIDS crisis is over or readily treatable, and the proliferation of other nonprofits seeking to raise money, which spreads the charitable nature of our population very thin.

It also goes without saying that Florida's economic downturn, its political shift and Governor-mandated cutbacks have proven worrisome. It is also reasonable to expect, and prepare for, more cuts ahead.

Most notably, Ryan White federal funds have been shifted from Supportive to Core Services, which proved detrimental to the food and nutritional needs of our clients.

Toward that, effective April 1, 2011, AIDS Help entered into a memorandum of agreement with St. Mary Star Of The Sea in a food pantry alliance. (Our Marathon Case Manager works with K.A.I.R. to provide food pantry services to the Middle and Upper Keys.)

AIDS Help has provided funding to expand this existing service and increase capacity.

In addition to a once-monthly \$35 food voucher, self-reported SSI-disabled clients are provided one prepared bag of groceries (including proteins) weekly from the St. Mary pantry on Stock Island.

This service -- with the modification of one bag of groceries every 10 days -- is available to anyone with need in the Key West community.

Also, on any given day of the week, anyone with need can receive bread and bountiful fresh produce.

Future goals for this partnership -- via grants and volunteerism -- would further increase storage and refrigeration capacity; add additional drivers to shuttle up to 10,000 lbs. of more food weekly from Miami to the Lower Keys; permit clients to freely choose their own goods from shelves, not unlike a small grocery store; and, ultimately, to establish an Old Town site, where many AIDS Help clients are based, minimizing transportation needs.

In the arena of pharmaceuticals, changes in the economy caused the AIDS Drug Assistance Program (ADAP) enrollment to increase to the point where there was not adequate Federal or State funding to meet the need. This led to ADAP going on a waitlist in June, meaning all clients qualified for life-saving medicine through ADAP had to find another source for those meds.

Medical Case Managers were able to apply to Patient Assistance Programs (PAP's) from each of the Pharmaceutical companies and have those needed medications delivered to the clients that needed them.

A particular Monroe County ADAP hardship was addressed in February and March of this year, when 41 clients had to be temporarily transitioned to PAP's until funding became available again in April 2011.

Last August, another cost saving attempt was executed by the Bureau of HIV/AIDS, in that they reduced the ADAP formulary (from approximately 350 to 40 drug formularies) to include only those medications directly related to HIV/AIDS. Medical Case Managers were again able to cover the missing medications for clients through PAP's.

As of the end of 2010, there are 14 people on the ADAP waitlist and all clients have received the medications they need (this state has the largest ADAP waitlist nationwide).

Also in 2010, the AIDS Insurance Continuation Program (AICP) also is on a waitlist. We currently pay premiums for six clients, unable to work, so they are able to keep their COBRA insurance.

20. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

(If applying for \$5,000 or less, a response to question #20 is not required.)

Our challenges for the next 24 months, and beyond, are many.

The political variables and judiciary uncertainty of the new national healthcare system loom large.

Funding resources have dwindled or evaporated, as evidenced in Question #19.

The subtle but significant shift in client demographics alters the landscape, too. The average age of our client base is increasing – around 38% of our clients exceed 50 years of age and another 25% are 45 to 49 - meaning additional costs are being incurred for the health care needs of our clients in general.

All told, this proves daunting to administrative staff, housing management and caseworkers, scrambling to simply maintain the current services provided to our client base.

Our response: a renewed emphasis on homegrown volunteerism and fundraising, multipurposing resources, aggressively seeking new grants and exploring creative outreach opportunities via the Internet.

21. How are clients represented in the operation of your agency?

One client and one alternate serves on the governing board of the agency as Client Liaison, selected by the Board of Directors from among applicants who seek the position.

A Client Advisory Committee also meets with the Executive Director on a monthly basis and gives input on agency programs, procedures and performance. (Committee members serve on a volunteer basis.)

In addition, an HIV Planning Partnership consortia also meet monthly to coordinate and collaborate -- and eliminate duplication of -- any and all HIV resources. Many AIDS Help clients attend and are participatory, and increased initiatives have also brought Monroe County citizens into this Thursday morning meeting at the Gato Building.

22. Is your agency monitored by an outside entity? If so, by whom and how often? (If applying for \$5,000 or less, a response to question #22 is not required.)

AIDS Help is subject to semiannual and annual monitoring of contracts and grants by the Florida Departments of Health (Bureau of HIV/AIDS) and Community Affairs, the state's Agency for Healthcare Administration, the U.S. Department of Housing and Urban Development and the U.S. Department of Health and Human Services (Substance Abuse and Mental Health Services Administration).

- 23. 2,394 hours of program service were contributed by 371 volunteers in the last year.
- 24. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?

No.

25. What measurable outcomes do you plan to accomplish in the next funding year?

The outcome we seek to achieve is better health for our clients receiving the nutritional supplement and prescription drug benefits.

A few words of definition:

By better health we mean increased CD-4 (T-cell) counts and decreased viral load. The CD-4 count is an indicator of the strength of the immune system. People without HIV disease average 800 to 1200 CD-4 cells. In people with HIV disease, the goal is to keep the CD-4 count as high as possible and to prevent it from going below 200. Viral Load (VL) is another way to measure the progression of HIV disease. When clients are adherent to medications, low levels of viral particles in the blood can be achieved. The goal is always to have an undetectable viral load.

26. How will you measure these outcomes?

(If applying for \$5,000 or less, a response to question #26 is not required.)

Outcomes were traditionally measured through annual client survey and case notes from periodic AIDS Help case manager office and home visits for twice-yearly evaluation; in close collaboration with MCHD, AIDS Help also collected health information about our clients. The data was analyzed in assessing overall programming and needs and, through careful coordination of clients needs by medical case managers, ensured adherence.

Our "evidence to outcomes" software program, implemented in June 2008, provides specific outcome measurability. We are now able to measure client health indicators of our clients by using changes in CD-4 and VL (defined above).

In 2010, with Medical Case Management to assist with adherence, 274 clients had an increase in their CD4 count, with 51% achieving over 500.

Since January, 2010, 214 clients (or 63%) have achieved an undetectable viral load.

27. Provide information about units of service below. (If applying for \$5,000 or less, a response to question #26 is not required.)

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Nutritional Supplement	1 client per month	
Pharmaceutical Reimbursement	1 client per month	Approx. \$49 monthly

28. In 300 words or less, address any topics not covered above (optional).

We are often asked the question: what would the costs otherwise be for Monroe County to provide services similar to those offered by AIDS Help to HIV-infected individuals in the Keys?

We estimate that our agency spends approximately \$1,487,965 for 395 disabled clients for supportive services such as housing, medications, food vouchers and supplements, dental needs, health insurance, mental health counseling, transportation and a variety of specialty physician services.

A client following a medication regimen and in our care is a client that is not in <u>prison</u>, not <u>on the street</u>, and not <u>in the emergency room or hospital.</u>

Without AIDS Help, the resulting costs to our county, our local governments, and our hospitals could be <u>more than four times</u> the AIDS Help service estimates.

Required Attachments

Required attachments were distributed to you as a <u>separate document</u>. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER			
SHOWN, AFTER THIS PAGE	ATTA	CHED?	COMMENTS
IF NOT APPLICABLE, PLEASE SO INDICATE AND			You must explain any
EXPLAIN	YES	NO	"NO" answers
A. Board Information Form	X		
B. Agency Compensation Detail	Х		
C. Profile of Clients and Services	X		
D – F. Financial Information	Х		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	Х		
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule			NOT APPLICABLE
J. Copy of IRS Letter of Determination indicating 501 C 3 status	Х		
K. Copy of Current Monroe County and City Occupational Licenses	×		
L. Copy of Florida Dept. of Children And Families License or Certification			NOT APPLICABLE
M. Copy of any other Federal or State Licenses	Х		
N. Copy of Florida Dept. of Health Licenses/Permits	Х		
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	Х		
Q. Data showing need for your program (optional, see question 7)		Х	
R. Other (specify) TWO PAGE LIMIT	X		AGENCY BROCHURE

 $[\]ensuremath{^*}$ must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

EXHIBIT #A-1

ATTACHMENT A 1 - BOARD INFORMATION

This attachment has changed; please note additional information request at bottom of page.

You must have at least five directors.

AIDS HELP

2011

(enter your agency name in D-3 above and it will automatically appear in subsecuent sheets)

	The state of the s	enter vour agency name in D-s above and it will automatically appear in subservent sheets	Ve and It will attionne	ancam appearm	unser nem sueers)
Mountained Decoding	A ffilliation/Title	City/State	Tolonhone No	Voore Sorved	Expiration Date
Name/Board Position	Amilation/Title		oor ood ooo	I cals selved	14 1004 A
Castillo, Aaron	Licensed Funeral Director	Key West, FL			5/1/2011
Covington, Dr. Jerome	Physician	Key West, FL	305-296-8593	5	5/1/2011
Davis, Vernon 'Vogue'	Client Liaison	Key West, FL	305-304-7886		5/1/2011
Dietz, Betsy	Marketing Consultant	Key West, FL	305-942-4295	8	5/1/2010
Feldman, Donna	Community Activist	Key West, FL	305-294-7492	8	5/1/2010
Garcia, Omar	Firefighter	Key West, FL	305-292-8241	1	5/1/2011
Green, Bryan	Philanthropist Philan	Key West, FL	305-295-7334	1	5/1/2012
Hogue, Phil TREASURER	Bank President	Key West, FL	305-294-3540	2	5/1/2011
Hawthorne, William	MD	Key West, FL	305-296-9814	1	5/1/2013
Hayes, Janet	Physician	Key West, FL	305-296-8303	2	5/1/2012
Klitenick, Richard	Attorney	Key West FL	305-292-4101	2	5/1/2011
Kraker, Thomas (TK)	Property Manager	Key West, FL	305-296-1002	2	5/1/2012
Leiby, Robert	Retired	Key West, FL	305-293-0535	10	5/1/2012
Lewis, Sally PRESIDENT	Retired	Key West, FL	305-294-7587	2	5/1/2010
Miano, Kate	Businesswoman	Key West, FL	305-923-4617	1	5/1/2011
McChesney, Laurie	Real Estate Broker	Key West	305-294-3040		5/1/2013
Mumford, John	Landscape Design	Key West FL	305-296-1156	L	5/1/2013
Peel, Bruce	Client Liaison	Islamorada, FL	305-517-2558	ļ	5/1/2013
Philip, Michael	Businessman	Key West FL	305-296-7966	_	5/1/2011
Selka, Stephen ADMIN VP	Retired	Key West, FL	305-292-0424	1	5/1/2011
Varner, Marcus	Businessman	Key West, FL	305-294-7928	-	5/1/2011
Weekley, Susan SECRETARY	Businesswoman	Key West, FL	305-294-2654	5	5/1/2011
Hughes, Erica COUNSEL	Attorney	Key West, FL	305-294-9556		
Walker, Robert	Executive Director AIDS Help	Key West, FL	305-296-6196		
Pais, Joe RECORDING SECRET/Deputy Director AIDS Help	Deputy Director AIDS Help		305-296-6196		

**ATTACHMENT A 2 - EVIDENCE OF ANNUAL ELECTION OF OFFICERS (Please attach a copy of the minutes of the meeting in which the most recent elections took place.)

EXHIBIT #A-2

MOTION: To approve the job description for the Housing Opportunity position and approve the hiring of a qualified staff person. The motion was made and seconded and passed with unanimous vote of members present.

ITEM 5: Poinciana Royale Property Management Contract

-The 17 page contract document was distributed to members. Walker pointed out that the Erica Hughes had sent it to staff the night before and was satisfied with the contract as a "filter document" with a 30-notice of termination.

MOTION: To approve the Poinciana Royale Property Management Contract as presented. The motion was made and seconded and passed with unanimous vote of members present.

ITEM 6: Approval to Purchase a Server

- -A price quote for a new computer server was distributed.
- -Green asked how old the current server was. Walker said that the current server was a least six years old. Varner said that the server should be replaced every three to four years. Varner thought the price was reasonable.

MOTION: To approve the purchase of a new Hewlett Packard Server as specified in the price quote presented. The motion was made and seconded and passed with a unanimous vote.

ITEM 7: Nominating Committee Report and Election of New Members

- -The chair of the Nominating Committee presented seven names for consideration and approval for three year terms.
 - -Betsy Dietz
 - -Donna Feldman
 - -Michael Phillip
 - -Laurie McChesney
 - -John Mumford
 - -Dr. Bill Hawthorne

-Green questioned why the board had so many members and the purpose of the board. Hogue agreed with Green saying these issues needed to be addressed. Klitenick suggested that the board hold a retreat it discuss the issue. Hayes said that the board could decide the number they want to approve and that the committee was simply recommending names, but she said all the nominees have been contacted and already agreed to serve. A lengthy discussion followed.

MOTION: To approve the reappointment of Betsy Dietz and Donna Feldman to another three-year term; and the appointment of Michael Phillps, Laurie McChesney, John Mumford, and Dr. Bill Hawthorne as new members for a three-year term. The motion was made and seconded and passed with unanimous consent.

ITEM 8: Election of the Client Liaison to the Board

- -Hayes said that the Nominating Committee is recommending the election of Vogue Davis as Client Liaison from a list presented by the case management staff of the agency.
- -Green said that the process was "misconceived" and that the client liaison represents clients and should be selected by clients through an election process and not case managers. Dietz said that is what she thought would be done.
- -A lengthy discussion followed.

- -Klitenick said that the bylaws did not call for an Alternate Client Liaison thus the board could not act on electing such a board member.
- -Green again questioned the process and said that the clients should have the ability to elect their own client liaison.

MOTION: To elect Vogue Davis for a one-year term as Client Liaison. The motion was made and seconded and passed with unanimous vote of members present.

MOTION: To change the bylaws to include the election of an Alternate Client Liaison. The motion was made and seconded and passed with unanimous vote.

MOTION: To appoint Bruce Peele as Alternate Client Liaison for a term of one-year to be effective after the board approves a change in the bylaws. The motion was made and seconded and passed with unanimous vote.

ITEM 9: Letter to the Key West Citizen

- -A lengthy discussion of the most recent letter to the Key West Citizen followed.
- -Lewis said that the board should not respond to the letter.

ITEM 10: Adjournment

-Hearing no further business before the board, Lewis adjourned the meeting at 1:26p.m. with the unanimous call of members.

Attested to Susan Weekley, Secretary	Date
Submitted by Jaseph G. Pais, Recording Secretary	07/02/2010 Date/
	CONTROL

EXHIBIT #B

ATTACHMENT B - AGENCY COMPENSATION DETAIL

2011

Include each position in the entire agency.
Put an "X" next to each position directly related to program for which funding is requested.

AIDS HELP

Please round all dollar amounts to the nearest dollar; do not round FTE'S.

A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee would be .5 FTE, etc.

		Yea	ed - Upcoming or Ending:	E	I - Current Year Inding:
		6/	30/2012	6/	30/2011
Position Title	"x"	# FTE'S	Total Compensation Package	# FTE'S	Total Compensation Package
Executive Director		1.00		1.00	
Deputy Director		1.00	<u> </u>	1.00	
Director of Finance		1.00		1.00	88,385
Accountant		1.00		1.00	48,690
Bookkeeper		1.00		1.00	48,154
Network Administrator		1.00	· · · · · · · · · · · · · · · · · · ·	1.00	51,551
Director of Community Relations		1.00		1.00	58,623
Director of Client Services		1.00	- ' '	1.00	65,621
Case Manager		6.57	327,389	6.57	324,759
Housing Case Manager		2.00	97,179	2.51	116,943
Volunteer Coordinator		1.00	41,684	1.00	41,027
Director of Education		1.00		1.00	
Educators Receptionist		4.40 0.77	202,594 18,497	4.40 0.77	200,622 18,497
Totals	0	23.74	1,317,572	24.25	1,326,145

EXHIBIT #C

ATTACHMENT C - PROFILE OF CLIENTS AND SERVICES (Performance Report) 2011

This attachment has changed; please note asterisked information at the bottom of page. Delete or type over sample information shown.

AIDS HELP

Current # of Clients ("snapshot") as of / /10	8	92	84	25	0	16	48	8
Total Number of Clients Served during most recent completed ("sn fiscal year of	163	309	185	34	137	100	11	39
Days/Hours	9-5 M-F, 24-hour emergency phones	9-5 M-F, 24-hour emergency phones	9-5 M-F, 24-hour emergency phones	9-5 M-F, 24-hour emergency phones	9-5 M-F, 24-hour emergency phones	9-5 M-F, 24-hour emergency phones	9-5 M-F, 24-hour emergency phones	9-5 M-F, 24-hour emergency phones
Area	670 county-wide	670 county-wide	670 county-wide	670 county-wide	670 county-wide	670 county-wide	670 county-wide	670 county-wide
# of Persons in Target Population	670	029	670	670	670	670	670	670
Target Population	All HIV+ clients at less than 300% of poverty	All HIV+ clients at less than 150% poverty	All HIV+ clients at less than 150% poverty	All HIV+ clients at less than 300% of poverty	All HIV+ clients at less than 200% poverty	All HIV+ clients	All AIDS clients at less than 150% of poverty	All HIV+ clients at less than 300% poverty
List Services Here	Rent/Emergency Housing Assistance	Food Vouchers	Drug Assistance	Health Insurance Premiums	Dental Care	Medical Assistance	Medical Transportation	Mental Health Therapy

Emergency Assistance	All HIV+ clients	670 county-wide	9-5 M-F, 24-hour emergency de phones	24	0
Rent/Utility Deposits	All HIV+ clients at less than 300% of poverty	670 county-wide	9-5 M-F, 24-hour emergency de phones	62	Φ
Neuropathy Pain Alleviation	All HIV+ clients at less than 200% poverty	670 county-wide	9-5 M-F, 24-hour emergency de phones	34	15
Medical Case Management	All HIV+ clients	670 county-wide	9-5 M-F, 24-hour emergency de phones	396	347
				306	347
Unduplicated Clients for Entire Agency (see instructions - this is not a total of the numb	or Entire Agency not a total of the numbers above)				5

Please indicate the number of clients served who are Monroe County residents: All clients are residents of Monroe County or homeless

Please list or describe achieved outcomes for your target populations: During 2010, 274 clients had an increase in their CD4 count, an indicator of the strength of the immune system. 51% of clients achieved a CD4 count over 500 (healthy people without HIV disease average 800 to 1,200 CD4 cells). When clients are adherent to their medication, low levels of viral load can be achieved. During 2010 214 clients have achieved an undetectable viral load. 95% of clients participating in the Neuropathy pain alleviation therapy report improvement in symptoms and 45% report being able to take less pain medication.

CLIENT DEMOGRAPHICS January 1, 2010 – December 31, 2010

Demographic/Category Clients	Male Clients	Female Clients	Total Clients
Total Clients Served 2010	341	54	395
New Clients Enrolled 2010	66	11	77
Age		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13-17	0	0	Ō
18-24	2	1	3
25-29	13	1	14
30-34	16	5	21
35-39	30	5	35
40-44	56	10	66
45-49	86	10	96
50-54	72	10	82
55-64	56	11	67
65-older	10	1	11
Race/Ethnicity			
White	292	30	322
Black-African American	24	21	45
Hispanic	42	4	46
Other	24	3	27
Income Levels			
< 100% Poverty Level	137	30	167
101-150%	94	17	111
151-200%	45	1	46
201-250%	22	3	25
251-300%	21	2	23
>300%	22	1	23
Insurance Status			
Private Insurance	61	9	70
Medicare	119	12	131
Medicaid	49	13	62
PAC Medicaid Waiver	135	22	157
No Insurance	100	14	114
HIV/AIDS Status			
HIV Not AIDS	90	14	104
AIDS as CDC Defined	250	40	290
Enrollment Status			
Deceased Clients	15	1	16
Active New	55	9	64
Active and Continuing	286	45	331
Closed Client File	44	7	51
Employment Status**			
Employed	113	10	123
Unemployed	228	44	272

^{**} Point-in-Time Employment Figures as of December 31, 2010

EXHIBIT #D

ATTACHMENT D - COUNTY FUNDING BUDGET

2011

Show the proposed budget detail for the County funds requested. The total must match with the total funding requested.

AIDS HELP

	Proposed Expense Bu Upcoming Year End	Proposed Expense Budget for Upcoming Year Ending:			
	6/30/2012				
Expenditures	Total	%			
Salaries		0			
Payroll Taxes		0			
Employee Benefits		0			
Subtotal Personnel	0	0			
Postage		0			
Office Supplies		0			
Telephone		0			
Professional Fees		0			
Rent		0			
Utilities		0			
Repair and Maint.		0			
Travel		0			
Miscellaneous		0			
Grants to Other Organizations		0			
List others below		0			
Pharmaceutical Reimbursement	22,500	75.0%			
Nutritional Supplements	7,500	25.0%			
		0			
		0			
		0			
		0			
		0			
		0			
		0			
		0			
		0			
		0			
		0			
		0			
		0			
3.2		0			
Total Expenses	30,000	100.0%			

EXHIBIT #E

AIDS HELP

Complete this worksheet for the entire agency. Please round all amounts to the nearest dollar.

	Proposed Expense Bud Upcoming Year Endi	The second second second second	Projected Expenses for Current Year Ending: 6/30/2011		
	6/30/2012				
Expenditures	Total	%	Total	%	
Salaries	1,167,562	35%	1,188,644	35%	
Payroll Taxes	117,870	4%	119,998	4%	
Employee Benefits	150,010	4%	137,501	4%	
Subtotal Personnel	1,435,442	43%	1,446,143	43%	
Postage	7,114	0%	6,907	0%	
Office Supplies	11,981	0%	11,632	0%	
Telephone	13,515	0%	13,121	0%	
Professional Fees	72,000	2%	75,074	2%	
Rent	4,936	0%	4,792	0%	
Utilities	53,231	2%	51,681	2%	
Repair and Maint.	41,775	1%	40,558	1%	
Travel	22,879	1%	22,213	1%	
Miscellaneous	8,946	0%	8,685	0%	
Grants to Other Organizations		0		0	
List others below		0		0	
Client Assistance	1,250,000	37%	1,251,136	37%	
Insurance - Residential Facilities	43,877	1%	42,599	1%	
Interest - Residential Facilities	43,000	1%	43,507	1%	
Education Program Subcontractors	144,000	4%	145,983	4%	
Education Program Direct Cost	79,971	2%	77,642	2%	
Special Events Direct Cost	97,968	3%	95,115	3%	
Insurance - Program & Admin	32,684	1%	31,732	1%	
		0		0	
		0		0	
		0		0	
		0		0	
		0		0	
		0		0	
		0		0	
		0		C	
Total Expenses	3,363,319	100%	3,368,520	100%	
Revenue Over/(Under) Expenses	120,578		129,459		

EXHIBIT #F

AIDS HELP

Complete this worksheet for the entire agency.

Please round all amounts to the nearest dollar.

In-Kind will not be included in percentages or total.

	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
		6/30/2012			6/30/2011	
Revenue Sources	Cash	In-Kind	%-age of Total	Cash	In-Kind	%-age of Total
Monroe County	30,000		1%	14,760		0%
Children and Fam			0%			0%
M.C. Sheriff's Dept.			0%		_	0%
Key West			0%			0%
Marathon			0%			0%
Islamorada			0%			0%
Layton			0%			0%
Key Colony Beach			0%			0%
Client fees			0%			0%
Donations	590,000	3,000	17%	589,874	3,000	17%
Sheriff Shared Asset	4,000		0%	4,166		0%
United Way			0%			0%
List all others below			0%			0%
SFAN	220,320		6%	230,258	MIIII	7%
Ryan White	507,000		15%	477,512	***************************************	14%
CDO HOPWA	250,000		7%	245,554		7%
SHOPWA	520,787		15%	505,129		14%
AICP	120,000		3%	126,665		4%
SHAL Challenge	0		0%	4,897		0%
Foundations	25,000	-	1%	24,599	•	1%
Emergency Shelter	8,500		0%	31,500		1%
HUD Special Needs	26,000		1%	23,031		1%
Prevention MSM	205,000		6%	204,996		6%
SAMHSA	335,333		10%	343,402		10%
			0%			0%
PAC Medicaid	173,500	***************************************	5%	173,500		5%
Rent	300,000		9%	317,642		9%
Interest / Misc	1,200		0%	4,206	***************************************	0%
Residential Services	50,000		1%	59,031		2%
Poinciana Development	1		3%	117,257		3%
			100%			100%
Total Revenue	3,483,897	3,000	Charles and the same of	3,497,979	3,000	Personal Property and Parket Street

EXHIBIT #G

EXHIBIT #H

670

6544 33040 K IRS USE ONLY

29404-057-63900-1

A0202401

H I TE I

Department of the Treasury Internal Revenue Service Ogden UT 84201

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: March 28, 2011

Taxpayer Identification Number:

59-2678740 Tax Form: 990

Tax Period: June 30, 2010



AH OF MONROE COUNTY INC 1434 KENNEDY DRIVE RO BOX 4374 KEY WEST FL FL 33040-4008341

143394.832542.0526.013 1 SP 0.440 375

143394

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **May 15, 2011.**

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

990 Form

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements 20 09 June 30 July 1 2008, and ending For the 2008 calendar year, or tax year beginning Please C Name of organization A.H. of Monroe County, Inc. Employer identification number Check it applicable: 59 2678740 Doing Business As AIDS Help Address change label or Telephone number print or Room/suite Number and street (or P.O. box if mail is not delivered to street address) Name change type. (305)296-6196 1434 Kennedy Drive Initial return Specific City or town, state or country, and ZIP + 4 Termination instruc-5,666,419 Key West, FL 33040-4008 G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? Yes Vo F Name and address of principal officer: Sarah J. Lewis, 1434 Kennedy Application pending H(b) Are all affiliates included? Yes No Drive, Key West, FL 33040-4008 If "No." attach a list. (see instructions) Tax-exempt status: H(c) Group exemption number ▶ Website: ► www.aidshelp.cc 1986 M State of legal domicile: FL Type of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: Summary 1 Briefly describe the organization's mission or most significant activities: AIDS Help provides case-managed health care, housing, food, counseling, referral and support services for HIV-infected residents of Monroe County, FL Governance (The Florida Keys). The agency also conducts health education and HIV risk reduction outreach programs aimed at reducing the impact of HIV infection throughout Monroe County. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 18 3 Number of voting members of the governing body (Part VI, line 1a). . . 4 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 35 5 6 198 6 Total number of volunteers (estimate if necessary) 7a 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 3,358,054 4,450,352 8 Contributions and grants (Part VIII, line 1h) . Revenue 326,072 414,788 9 Program service revenue (Part VIII, line 2g) . 23.379 31,717 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 401,295 -186,325Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,117,138 4,702,194 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,504,302 1,693,430 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 1,585,304 1,484,187 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 2,500 b Total fundraising expenses (Part IX, column (D), line 25) ► 117,602 964,018 634,774 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 4,242,752 3,625,763 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). -125,614 1,076,431 19 Revenue less expenses. Subtract line 18 from line 12 o ses Beginning of Year End of Year 4,651,586 6,157,985 Total assets (Part X, line 16). 807,749 1,237,717 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 3,843,837 4,920,268 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Date TREASURER Type or print name and title Check if Preparer's identifying number Preparer's selfsignature employed ▶ Paid Preparer's Firm's name (or yours EIN Use Only if self-employed), address, and ZIP + 4 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Cat. No. 11282Y

Form 990 (2008)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: AIDS Help is a non-profit community-based organization that provides case-managed health care, housing, food, counseling, referral and support service for HIV-infected resident of Monroe County, Florida. The agency also conducts health education and HIV risk outreach programs aimed at reducing the impact of HIV infection throughout Monroe County.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,263,061 including grants of \$ 0) (Revenue \$ 181,600) Client Assistance: Served 399 clients in Monroe County Florida by providing medical case management services, assistance with housing, pharmacy assistance, food vouchers, nutritional supplements, home delivered meals, health insurance, oral health care, physician services for outpatient treatments, mental health counseling, medical transportation, companion services, neuropathy pain alleviation therapy, health education and risk reduction services. Program service revenue is for monthly medical case management contact for clients eligible for PAC Medicaid. Clients are not charged for services. As a result of medical case management and assistance in obtaining medication, 80% of enrolled clients at 6/30/2009 are reporting they consistently take prescribed medicine. During the fiscal year a neuropathy pain alleviation therapy program was developed to assist clients with this service that is no longer eligible for reimbursement under government contracts. Training received by medical case managers from the SSI/SSDI Outreach, Access and Recovery has helped clients obtain certification for Social Security benefits, often in less than one month instead of the two year delay that was possible before the training.
4b	(Code:) (Expenses \$ 546,594 including grants of \$ 0) (Revenue \$ 0) Education and Outreach: Provide HIV / AIDS counseling, testing and outreach to Monroe County residents and tourists. Provide HIV and substance abuse prevention services to at-risk racial / ethnic minority populations. Provide Education and Outreach services to MSM (Men who have Sex with Men). Provided 552 HIV tests that were anonymous and confidential at 11 locations throughout the county. Participated in 15 national and local HIV / AIDS awareness days. The Education department received an innovation award from the Florida Department of Health for outreach using the internet. HIV prevention messages are provided on line and more than 1,300 risk reduction chat room conversations were conducted. Staff also conducted a specialized program providing condom education and negotiation skills for members of the MSM population using a video presentation. Over 45,000 safer sex packets, including condoms and prevention messages were distributed at street fairs, health fairs and community-wide events.
4c	(Code:) (Expenses \$ 257,338 including grants of \$ 0) (Revenue \$ 233,188) Residential Facilities: Provided 13 housing units for very low income clients, providing affordable housing in a non-judgemental environment for persons afflicted with AIDS or an HIV diagnosis. Continued construction for an additional 14 units that was completed and occupied in August 2009. Continued development activities for a 50 unit project obtaining a pre-development loan, completing multiple funding applications and obtaining approval for tax credit funding for a \$12 million facility at Poinciana Plaza in Key West. Received a donation of vacant land in Marathon with building rights for 4 units. Began investigation of funding sources to construct housing for low income disabled individuals on this site. Continued to provide financial, maintenance and administrative oversight for an additional 19 housing units, funded by grants from HUD for low income disabled clients. Program service revenue includes rent for the 13 housing units that is at or below the local fair market rental standard established by HUD, and for oversight of the 19 housing units funded by HUD.
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > \$ 3,066,003 (Must equal Part IX Line 25, column (R))

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 ✓ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 9 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, 11 12 Did the organization receive an audited financial statement for the year for which it is completing this return 12 that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the U.S.?.... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I..... 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 18 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 21 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		✓
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	1	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1

Form **990** (2008)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1312
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.	1	
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 35			
	Statements, filed for the calendar year ending with or within the year covered by this return 15 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			196
	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		1
h	account)?			
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	5c		
_	Regarding Prohibited Tax Shelter Transaction?	6a	1	
	Did the organization solicit any contributions that were not tax deductible?		<u> </u>	†
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	7-	1	No.
	\$75?	7a 7b	1	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	 	+
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
Ч	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
·	benefit contract?	7e	-	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	Y
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		1
_	required?. Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
8	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			188
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	-	+
b	3	9b	-	-
10	Section 501(c)(7) organizations. Enter:			18
a	initiation lees and capital contributions included on Fact Vin the Contributions in Contributions i			
11	Section 501(c)(12) organizations. Enter:		1/8	
a	11a		1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	4.	183	
12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a	1	
	in 165, enter the amount of tax exempt interest received of acorded during the year.			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		-
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		√
6	Does the organization have members or stockholders?	6		√
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	 .		,
	of the governing body?	7a 7b		<i>y</i>
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	1	
a	The governing body?	8b	Ż	
b	Does the organization have local chapters, branches, or affiliates?	9a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	4.0	,	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		,
Sac	tion B. Policies	11		· ·
000	TOTI DE L'OROIGO		Yes	No
192	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b		1
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		EXIS.	
	The organization's CEO, Executive Director, or top management official?	15a	√	
b	Other officers or key employees of the organization?	15b	✓	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40	NE PE	1
	with a taxable entity during the year?	16a		V
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(s(8)(3	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: Mark E. Songer, 1434 Kennedy Drive, Key West, FL 33040 (305) 293 4802	rds o	f the	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co		any o	offic	er, (dire	ctor,	trus	tee, or key em	ployee.	
(A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Sarah Lewis, President, Director	8	1		/			-	0	0	0
Richard Klitenick, Vice President, Director	8	V		1				0	0	0
Stephen Selka, Vice President, Director	8	1		1				0	0	0
Phillip Hogue, Treasurer, Director	8	1		1				0	0	0
Susan Weekley, Secretary, Director	- 8	1		1				0	0	0
Wesley Calvin, Director	2	1	A CONTRACTOR OF THE PARTY OF TH					0	0	0
Aaron Castillo, Director	2	1					ALLEY PROPERTY.	0	0	0
Jerome Covington, Director	2	1						0	0	0
Betsy Dietz, Director	2	/						0	0	0
Donna Feldman, Director	2	1		Control of the second of the s				0	0	0
Omar Garcia, Director	2	/		- Company				0	0	0
Bryan Green, Director	- 2	1						0	0	0
Jeffrey Harwell, Director	2	1						0	0	0
Robert Leiby, Director	2	1						0	0	0
Roy McClain, Director	2	/		T	-			o	0	0
Kate Miano, Director	2							0	0	0
Marcus Varner, Director	2	1				1		0	0	0

Part VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loye	es,	an	d Hig	hest	Compensated	i Employees (co	ntinued)
(A)	(B)			(0	•			(D)	(E)	(F)
Name and title	Average hours per week	P or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Thomas Kraker, Director	2	1						0	0	0
Edward Czaplicki, Former President, Former Director Janet Hayes, Former Director	8	1		✓			1	0	0	0
Janet Hayes, I office Director	2	1					1	0	0	0
Gwendolyn Mobley, Former Director	2	1					1	0	0	0
Kerry Shelby, Former Director	2	1					1	0	0	0
Nicholas Trivisonno, Former Secretary, Former Director	8	1		1			1	0	0	0
Joseph Pais, Recording Secretary, non- voting Director	35	1		1				0	0	0
Robert Walker, Executive Director	35			1		1		102,961	0	9,384
	-									
	-									
1b Total	· · · · · · · · · · · · · · · · · · ·		· ·	<u>. </u>			>	102,961		9,384
 Total number of individuals (including the organization ► 1 	se in Ta) w	no rec	ceiv	ea i	nor	e ma	11 2	roo,ooo in repo	ortable compens	sation from the
 3 Did the organization list any former office employee on line 1a? If "Yes," complete 3 4 For any individual listed on line 1a, is the the organization and related organizations. 	Schedule J sum of rep	<i>for</i> so	uch Ie c	<i>ind</i> omp	<i>ivid</i> pen	<i>ual</i> satior	, an	d other compe	ensation from	Yes No
individual	or accrue	 com plete	pen Sch	Isati Dedi	on .ile .	from	any	 unrelated org	ganization for	5 1
Section B. Independent Contractors										
1 Complete this table for your five highest compensation from the organization.	compensat	ed ind	depe	ende	ent	contr	acto	ors that receive	ed more than \$1	00,000 of
(A) Name and business ad	idress				**********			(B) Description of :	services	(C) Compensation
Atlantic Structures of Key West LLC, 10310 Key Largo, FL 33037	0 Oversea	s Hig	hwa	ıy,			-	eneral Contra sidential facil		688,419
2 Total number of independent contractors		those	e in	1) \	who	rece	ivec	I more than \$1	00,000 in	

VIII	Statement of Rev	venue			(5)	(6)	/51
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	, 1a					
b	Membership dues	1b					
C	Fundraising events .	1c	328,461				
d	Related organizations	1d					
е	Government grants (contri	butions). 1e	3,397,828				
f	All other contributions, gifts, g						
	and similar amounts not include		724,063 771,029				
	Noncash contributions include Total. Add lines 1a–1f		771,029	4,450,352			
11	Total. Add lines 14-11	· · · · · ·	Business Code	4,430,332			
	Low Income Disabled	Housing	531110	233,188	233,188		
2a	PAC Medicaid Case M		624100	181,600	181,600		
J		· T · · · · · · · · · · · · · · · · · ·	027100	101,000	,		
d e						·····	
	All other program servi						
g	Total. Add lines 2a-2f		>	414,788		The state of the s	
3	Investment income (inc	luding dividends	s, interest, and				
	other similar amounts)			23,379			23,379
	Income from investment of						
5	Royalties						
		(i) Real	(ii) Personal				
1	Gross Rents						
1	Less: rental expenses						
C C	Rental income or (loss) Net rental income or (lo	l	 				
		(i) Securities	(ii) Other			NSSS/PROFES	
	Gross amount from sales of assets other than inventory	5,809	575,176				
	Less: cost or other basis		,				
i	and sales expenses .	5,517	888,584				
1	Gain or (loss)	292	(313,408)				
	Net gain or (loss)		<u></u> >	(313,116)			(313,116
8a	Gross income from	fundraising					
	events (not including \$						
	of contributions reporte	d on line 1c).					
	See Part IV, line 18	-					
	Less: direct expenses			400 704			
С	Net income or (loss) from	om tundraising e	events >	126,791	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	126,79
9a	Gross income from gan						
L.	See Part IV, line 19						
	Less: direct expenses. Net income or (loss) from						
1							
IUa	Gross sales of inv returns and allowances						
b	Less: cost of goods so						
	Net income or (loss) from		·				
	Miscellaneous Rev	venue .	Business Code			·//	
11a							
b							
C							
1	All other revenue						
	Total. Add lines 11a-1						
12	Total Revenue. Add li						
,	9c, 10c, and 11e			4,702,194	414,778		(162,94

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do 7b,	All other organizations must complete coluinot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general exponses	(D) Fundraising extanses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
1	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,504,302	1,504,302		
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	121,200	32,311	82,487	6,402
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,126,296	755,836	326,367	44,093
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,503	9,367	3,891	245
9	Other employee benefits	125,033	91,364	27,286	6,383
10	Payroll taxes	98,155	67,678	26,227	4,250
11	Fees for services (non-employees):	05.747	25 747		
а	Management	25,747 5,862	25,747 5,551	311	
b	Legal	35,275	24,910	8,497	1,868
	Accounting	33,213	,		
	Lobbying	2,500			2,500
	Professional fundraising services. See Part IV, line 17	5,246		5,246	
	Investment management fees	24,163	19,995	4,168	
_	Other	3.299	3.174	125	
12	Advertising and promotion	38,521	20,198	9,821	8,502
13	Office expenses	5,581	2,147	820	2,614
14 15	Information technology				
16	Royalties	103,228	82,054	17,332	3,842
17	Travel	8,224	7,954	63	207
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings.	41,726	38,952	1,584	1,190
20	Interest	31,092	31,092		
21	Payments to affiliates		77.004	2.440	roa
22	Depreciation, depletion, and amortization.	81,334			534 961
23	Insurance	60,717	43,391	16,365	301
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Education tools and incentives	16,682	16,682		
a b	Education subcontractors	145,304	145,304		
c	Allmosts Admin anlany and hanafite	0			14,003
d	Attack December adams and banefite	0	-20,008		20,008
е					
f 25	All other expenses Miscellaneous Total functional expenses. Add lines 1 through 24f	2,773 3,625,763		2,773 441,168	117,602
26	Joint Costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

1	Pai	rt X	Balance Sheet					
2 Savings and temporary cash investments				(A) Beginning of year		(B) End of	year	
2 Savings and temporary cash investments 424,133 2 480,627		1	Cash—non-interest-bearing	31,206	1		399,	419
3 Accounts receivable, net 664,581 4 514,613 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part if of Schedule L 5 6 Receivables from current and former officers directors, trustees, key employees, or other related parties. Complete Part if of Schedule L 7 7 7 7 7 7 7 7 7				424,133	2		480,	627
Receivables from current and former officers, directors, rrustees, key employees, or other related parties. Complete Part II of Schedule I.		3	•		3			
## ## ## ## ## ## ## ## ## ## ## ## ##		4	9	664,581	4		514,	613
## 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part I of Schedule L. 7 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepart Gerards and deferred charges 100 3.894.779 100 967.837 2.480.941 10c 2.926.942 11 Investments—publicly fraded securities 11 Investments—buildings, and equipment: cost basis 10a 3.894.779 12 Investments—buildings, and equipment: cost basis 10a 3.894.779 13 Investments—buildings and securities 14 Investments—buildings and securities 15 Other assets. See Part IV, line 11 13 14 14 14 14 14 14		5		The second secon	5		~~~	
7 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Notes and loans receivable, net 19.541 7 Notes and loans receivable, net 23.979 8 19.541 9 Prepaid expenses and deferred charges 126.458 9 44.381 10a Land, buildings, and equipment: cost basis 10a 3,894.779 b Less: accumulated depreciation. Complete Part Vi of Schedule D 967.837 2,480.941 10c 2,926,942 11 Investments—publicity traded securities 8 111 12 Investments—but rescurities. See Part IV, line 11 886.006 12 280,135 13 Investments—brore rescurities. See Part IV, line 11 1 14 Intangible assets 1 14 Intangible assets 1 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 2 280,414 17 205,518 18 Grants payable 19 Deferred revenue		6						
Notes and oblan federated, in the state of the state o			Part II of Schedule L				***************************************	**************
Prepair oxpenses and derefred entages 10a	ets	7	Notes and loans receivable, net	00.070			40	~
Prepair oxpenses and derefred entages 10a	SS	8						
b Less: accumulated depreciation. Complete Part VI of Schedule D 10b 967,837 2,480,941 10c 2,926,942 11 Investments—publicly traded securities 11 1886,006 12 280,135 13 Investments—poter securities. See Part IV, line 11 13 14 Intangible assets 14 14 Intangible assets 14 14 Intangible assets 14 14 Intangible assets 14 14 17 15 16 17 16 17 16 17 16 17 16 17 16 17 17	⋖	9	Prepaid expenses and deferred charges	126,458	9		44,	381
Part VI of Schedule D		10a						
11 Investments—publicly traded securities 11 1 10 12 10 12 10 13 13 13 13 13 14 11 13 13		b	Less: accumulated depreciation. Complete	2 400 044	10-		0.006	042
12 Investments—other securities. See Part IV, line 11			1 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	2,480,341			1,920,	342
13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 14 14 Intangible assets 15 14 15 15 15 15 15 15				286 006			280	135
14 Intangible assets 14 Intangible assets 14 Intangible assets 15 1,492,327 16 Total assets Add lines 1 through 15 (must equal line 34) 4,651,586 16 6,157,985 17 Accounts payable and accrued expenses 280,414 17 205,518 18 Grants payable 18 18 18 19 Deferred revenue 421,33 19 51,612 20 Tax-exempt bond liabilities 20 21 21 Escrow account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 24 25 25 24 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 24 Unsecured notes and loans payable 24 25 3,640 25 Total liabilities. Complete Part X of Schedule D 2,542 25 3,640 26 Total liabilities. Add lines 17 through 25 807,749 26 1,237,717 27 Granizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 27 27 27 27 27 27 27 2				000,000			_200,	133
15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses . 280.414 17 205.518 18 Grants payable . 18 19 Deferred revenue . 42,133 19 51.612 20 Tax-exempt bond liabilities . 20 21 Escrow account liability. Complete Part IV of Schedule D . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule L . 482,660 22 976,947 23 Secured mortgages and notes payable to unrelated third parties . 23 24 Unsecured notes and loans payable . 24 25 Other liabilities. Complete Part X of Schedule D . 2,542 25 3,640 26 Total liabilities. Complete Part X of Schedule D . 2,542 25 3,640 27 Unrestricted net assets . 3,129,359 27 2,566,799 27 Unrestricted net assets . 3,129,359 27 2,566,799 27 Unrestricted net assets . 3,129,359 27 2,566,799 29 Permanently restricted net assets . 714,478 28 2,353,469 29 Permanently restricted net assets . 714,478 28 2,353,469 30 Capital stock or trust principal, or current funds . 31 Paid-in or capital surplus, or land, building, or equipment fund . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 Total net assets or fund balances . 3,843,837 33 4,920,266 34 Total liabilities and net assets/fund balances . 3,843,837 33 4,920,266 34 Total liabilities and net assets/fund balances . 3,843,837 33 4,920,266 34 Total liabilities and net assets/fund balances . 4,651,586 34 6,157,985 34 Vere the organization's financial statements compiled or reviewed by an independent accountant?							*****************	
Total assets. Add lines 1 through 15 (must equal line 34) 16 Total assets. Add lines 2 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 4,651,586 16 6,157,985 10 Accounting method used to prepare the Form 990: □ Cash ☑ Accrual □ Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2b V Urrestricted or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				14 282			1 492	327
17			Total assets. Add lines 1 through 15 (must equal line 34)					
18 Grants payable and accorded experience 18 18 19 Deferred revenue 20 Tax-exempt bond liabilities 20 20 Tax-exempt bond liabilities 20 21 22 Escrow account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 24 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 3,640 25 3,640 26 1,237,717 27 27 27 27 27 27 27								
Deferred revenue 42,133 19 51,612 Tax-exempt bond liabilities 20 Tax-exempt bond liability. Complete Part IV of Schedule D 21 Escrow account liability. Complete Part IV of Schedule D 21 Escrow account liability. Complete Part IV of Schedule D 21 Escrow account liability. Complete Part IV of Schedule D 21 Escrow account liability. Complete Part II of Schedule L 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 24 Unsecured notes and loans payable 25 Other liabilities. Complete Part X of Schedule D 2,542 25 3,640 25 Total liabilities. Complete Part X of Schedule D 2,542 25 3,640 25 Total liabilities. Add lines 17 through 25 807,749 26 1,237,717 27 2,566,799 27 2,566,799 27 2,566,799 28 Temporarily restricted net assets 714,478 28 2,353,469 29 Permanently restricted net assets 714,478 28 2,353,469 29 29 Permanently restricted net assets 714,478 28 2,353,469 29 29 Permanently restricted net assets 714,478 28 2,353,469 29 29 Permanently restricted net assets 714,478 28 2,353,469 29 29 29 Permanently restricted net assets 914 29 29 29 29 29 29 29 29 29 29 29 29 29			,					
20 Tax-exempt bond liabilities 20 21 Escrow account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable 5 Other liabilities. Complete Part X of Schedule D 2,542 25 3,640 26 Total liabilities. Add lines 17 through 25 807,749 26 1,237,717 26 Total liabilities. Add lines 17 through 25 807,749 26 1,237,717 27 28 27 2,566,799 28 Temporarily restricted net assets 714,478 28 2,353,469 29 Permanently restricted net assets 714,478 28 2,353,469 29 29 Permanently restricted net assets 714,478 28 2,353,469 29 29 Permanently restricted net assets 714,478 28 2,353,469 29 29 29 29 29 29 29 29 29 29 29 29 29				40.400	19	************************	51	612
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the Single Audit Act and OMB Circular A-133?	2						•	
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	1							

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public

		t of the Treasury venue Service	▶ Af	tach to Form 990 or Fo	rm 990-E	Z. ▶See	separate	instructio	ns.	0	pen to Public Inspection
		he organization							Employe	r identificat	ion number
A.H	. of	Monroe Cou	nty, Inc.						59	2	678740
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t comple	ete this	part.) (se	e instruc	ctions)
1 2 3 4 5 6 7		A church, co A school des A hospital or A medical re hospital's na An organizat section 1700 A federal, sta An organizat described in	envention of chuseribed in section a cooperative in search organization energian ene	ernment or governme receives a substantia 1)(A)(vi). (Complete F	of church each Sche dization d unction v ge or unitental unitental unitental part of	nes descri edule E.) escribed with a hos- versity ov described its suppo	in sections in sections in section or control or contro	n 170(b)(scribed in pperated	70(b)(1)(A)(iii). n section by a gove	(Attach S 170(b)(1) ernmental	(A)(iii). Enter the unit described in
9		An organizat receipts from support from	ion that normally n activities relate n gross investm	d in section 170(b)(1) receives: (1) more that to its exempt function and unrease after June 30, 1975.	an 33½ % tions—su lated bus	of its sup bject to d siness tax	pport from certain ex kable inc	ceptions ome (les	, and (2) s section	no more	than 33½ % of its
10 11 e		An organizar purposes of 509(a)(3). Cha Type By checking persons other	tion organized at one or more pul neck the box that I b	ify that the organization managers and othe	vely for the velocity of suppose the contraction of the contraction is not the velocity of the contraction is not the contraction of the contracti	he benefi described orting orga de III-Fund ot control	t of, to public of the control of th	perform to on 509(a) and comintegrated	he function (1) or second (1)	ons of, or otion 509(es 11e thr d	r to carry out the a)(2). See section ough 11h. Type III-Other more disqualified
f g		If the organic organization Since Augus following pe	ization received, check this box st 17, 2006, has rsons?	a written determination	 epted any	 gift or c	 ontributio	, on from a	iny of the		
				r indirectly controls, on the sup		-		th persor	ns describ	ped in (ii)	Yes No
h		(ii) A family (iii) A 35% c	member of a pe controlled entity	erson described in (i) a of a person described ation about the organ	above? d in (i) or	(ii) above	· · · · · · · · · · · · · · · · · · ·				11g(ii) 11g(iii)
	Nam	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the in col. (i) li	organization sted in your document?	(v) Did y the organ col. (i)	vou notify nization in of your port?	organizat	s the ion in col. zed in the S.?	(vii) Amount of support
		****			Yes	No	Yes	No	Yes	No	

Schedule A (Form 990 or 990-EZ) 2008 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 2,461,029 2,442,250 2,939,709 3,358,054 4,450,352 15,651,394 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,461,029 2,442,250 2.939.709 3.358.054 4.450.352 15.651.394 Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 410,661 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 15,240,733 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 2,461,029 Amounts from line 4 . . . 2,442,250 2,939,709 3,358,054 4,450,352 15,651,394 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 32.278 51.041 68,659 31,717 23,379 207,074 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 15,858,468 11 Total support. Add lines 7 through 10 . 1.830,421 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 96.1 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 98.6 % 15 16a 331/3 % support test - 2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box b 33 1/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this 17a 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2008

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

Page 3 Schedule A (Form 990 or 990-EZ) 2008 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2007 Calendar year (or fiscal year beginning in) > (a) 2004 **(b)** 2005 (c) 2006 (e) 2008 (f) Total 1 Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .

3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
с 8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8 (f) Total
9 10a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		(V2201 2000 10020) 1000 1000 1000 1000 100	O MONTH OF THE PARTY OF THE PAR			
14	First five years. If the Form 990 is for organization, check this box and stop						ection 501(c)(3)
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2008 (li	ne 8, column (f	f) divided by li	ne 13, column	(f))	15	%
16	Public support percentage from 2007	Schedule A, P	art IV-A, line 2			16	%
Sec	tion D. Computation of Investme	nt Income P	ercentage				
17	Investment income percentage for 200		٠,,	•	olumn (f)) .	17	%
18	Investment income percentage from 2					18	%
40-	201/ 0/						0.04 / 0./

331/2 % support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 331/2 %, and line 17 is not more than 33½ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ 33\% % support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33\% %, and

line 18 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonupPrivate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number

A.H. of Monroe County,	59	2678740									
Organization type (check	one):										
Filers of:	Section:										
Form 990 or 990-EZ	501(c)(3) (enter number) organization										
	4947(a)(1) nonexempt charitable trust not treated as a private foundation										
	527 political organization										
Form 990-PF	501(c)(3) exempt private foundation										
	4947(a)(1) nonexempt charitable trust treated as a private foundation										
	501(c)(3) taxable private foundation										
organization can check b General Rule For organizations	in is covered by the General Rule or a Special Rule . (Note . Only a seconses for both the General Rule and a Special Rule. See instructions.) filling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 one contributor. Complete Parts I and II.										
Special Rules											
under sections 50	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33% % 9(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the 00 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the 1 and II.	e year, a	contribution of the								
during the year, a	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that receggregate contributions or bequests of more than \$1,000 for use exclusive or educational purposes, or the prevention of cruelty to children or anim	ely for re	eligious, charitable,								
during the year, s not aggregate to the year for an ex	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that recome contributions for use <i>exclusively</i> for religious, charitable, etc., purpose than \$1,000. (If this box is checked, enter here the total contribution clusively religious, charitable, etc., purpose. Do not complete any of the panization because it received nonexclusively religious, charitable, etc.,	oses, builons that parts u	ut these contributions did t were received during unless the General Rule utions of \$5,000 or more								
990-EZ, or 990-PF), but	hat are not covered by the General Rule and/or the Special Rules do n they must answer "No" on Part IV, line 2 of their Form 990, or check the contract of their Form 990-PF, to certify that they do not meet the filing requires.	ne box ir	n the heading of their								

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

990-EZ, or 990-PF).

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization
A.H. of Monroe County, Inc.

Employer identification number 59 2678740

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
. 1	Vacant land, 1135 74th Street, Marathon, FL 33050 Building rights for four dwelling units	\$ 595,000	03 / 18 / 2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N 00 10 10 10 1		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
		\$	dk

Employer identification number Name of organization 59 2678740 A.H. of Monroe County, Inc. Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations Part III aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (c) Use of gift from (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name	of the organization		Emp	ployer identification number
	. of Monroe County, Inc.		59	2678740
Par	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar I " to Form 990, Part IV, line 6.	Funds o	or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year) .			0.0000000
4	Aggregate value at end of year			
5		donor advisors in writing that the assets help to the organization's exclusive legal co		
6	used only for charitable purposes and not	onors, and donor advisors in writing that g for the benefit of the donor or donor advis	sor or oth	ds may be ner
Pai	t II Conservation Easements. Com	plete if the organization answered "Yes"	to Form	
1	Preservation of land for public use (e.g. Protection of natural habitat		n of an h	istorically important land area tified historic structure
2	Preservation of open space Complete lines 2a–2d if the organization hel on the last day of the tax year.	ld a qualified conservation contribution in the	e form of	
				Held at the End of the Year
a				2a
þ		asements		2b
Ċ		certified historic structure included in (a) .		2c 2d
d		led in (c) acquired after 8/17/06		
3	the taxable year ►	ied, transferred, released, extinguished, or		· · ·
4		to conservation easement is located >		
5	enforcement of the conservation easemen			Yes . No
6		oring, inspecting, and enforcing easements		
7		g, inspecting, and enforcing easements du	•	•
8	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the requiremer		Yes No
9	balance sheet, and include, if applicable, the organization's accounting for conserva-		's financi	al statements that describes
Pa	Organizations Maintaining Coll Complete if the organization ans	ections of Art, Historical Treasures, of wered "Yes" to Form 990, Part IV, line 8.	r Other	Similar Assets.
1a	If the organization elected, as permitted u art, historical treasures, or other similar ass provide, in Part XIV, the text of the footnot	nder SFAS 116, not to report in its revenue tets held for public exhibition, education, or te to its financial statements that describes	research	in furtherance of public service.
b	provide the following amounts relating to (i) Revenues included in Form 990, Part	s held for public exhibition, education, or rethese items: VIII, line 1	esearch i	n furtherance of public service . \$
2	following amounts required to be reported			
a b		line 1		

Schedule D (Form 990) 2008 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply): а Public exhibition Loan or exchange programs b Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not Yes No **b** If "Yes," explain the arrangement in Part XIV and complete the following table: Amount d Additions during the year . 1d e Distributions during the year . . . 1e 1f Yes 🗔 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (d) Three years back 139,286 1a Beginning of year balance . . . **b** Contributions -45.046 c Investment earnings or losses . d Grants or scholarships Other expenditures for facilities and programs -1,384Administrative expenses 92,856 g End of year balance . . Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ► 100 % b Permanent endowment ▶ ____0 % c Term endowment ▶ ______% 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) (i) unrelated organizations 3a(ii) (ii) related organizations If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIV the intended uses of the organization's endowment funds. Investments-Land, Buildings, and Equipment. See Form 990, Part X, line 10. Part VI Description of investment (a) Cost or other basis (b) Cost or other (c) Depreciation (d) Book value (investment) basis (other)

Schedule D (Form 990) 2008

1,086,577

1,761,164

32,040

47,161

2,926,942

1a Land

d Equipment . **e** Other . . .

b Buildings

c Leasehold improvements

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

1,086,577

2,587,445

159,555

61,202

826,281

127,515

14.041

Schedule D (Form 990) 2008			Page 3
Part VII Investments - Other Securities.	See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	ition: rket value
Financial derivatives and other financial products			
Other Friends of AIDS Help Endowment	92,856	End-of-year market value	
AIDS Help Contingency Reserve	187,279	End-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	280,135		
Part VIII Investments—Program Related	. See Form 990, Part X	, line 13.	****
(a) Description of investment type Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part (Construction in progress Security deposits Loan costs net of amortization	(b) Book value X, line 15. a) Description	(c) Method of value Cost or end-of-year ma	(b) Book value 1,476,008 7,227
			9,092
Total. (Column (b) should equal Form 990, Part X, col. Part X Other Liabilities. See Form 990, F		· · · · · · · · · · · · · · · · · · ·	1,492,327
(a) Description of liability	(b) Amount		
Federal income taxes			
Security Deposits	3,64	10	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	3,64	40	

Schedule D (Form 990) 2008

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Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,702,194
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,625,763
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,076,431
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	/v. gra gra /v.
7	Prior period adjustments	7	2,776
8	Other (Describe in Part XIV)		-33,328
9	Total adjustments (net). Add lines 4–8	9	-30,552 1,045,879
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue	1	
1	Total revenue, gains, and other support per audited financial statements	1	5,213,782
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	8	
e	Add lines 2a through 2d	2e	511,588
3	Subtract line 2e from line 1	3	4,702,194
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		***************************************
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	40	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	4,702,194
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen	ses p	er Return
1	Total expenses and losses per audited financial statements	1	4,167,903
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	6	
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	6	
е	Add lines 2a through 2d	26	542,140
3	Subtract line 2e from line 1	3	3,625,763
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	40	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	3,625,763
Pa	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a		Part IV, lines 1b
and	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b		
Ge	nerally the reconciling items relate to the audited financial statements inclusion of affiliated	corpo	orations and a
р	artnership that file separate forms 990 or a form 1065 and the intercompany transactions wit	h the:	se affiliates.
Pa	rt XI Line 8 - Other Reconciling Items for Change in Net Assets		
С	hange in net assets of consolidated affiliates		38,299
А	IDS Help revenue from administrative services charged to consolidated affiliates		-71,627
			33 338
10	tal Part XI line 8 - Other		-33,328

Schedule D (Form 990) 2008	Page 5
Part XIV Supplemental Information (continued)	
Part XII Line 2d - Other Reconciling Items for Revenue	
Gross revenue of consolidated affiliates	199,975
Loss on investments included in revenue per form 990 Schedule VIII line 7d	313,116
Fundraising direct expenses included in revenue per form 990 Schedule VIII line 8b	70,124
AIDS Help revenue from administrative services charged to consolidated affiliates	-71,627
Part XII Line 2d - Other	511,588
Part XIII Line 2d - Other Reconciling Items for Expense	
Expenses of consolidated affiliates	161,676
Loss on investments included in revenue per form 990 Schedule VIII line 7d	313,116
Fundraising direct expenses included in revenue per form 990 Schedule VIII line 8b	70,124
Part XIII Line 2d - Other	544,916
Part V - Intended Use of the Endowment Funds	
The purpose of the Friends of AIDS Help Endowment Fund is to provide long term funding for	the prevention of HIV
and for the care of those infected with HIV. It is the intention that the fund will provide for the I	ong-term financial
security of AIDS Help. As a general rule, only the income and 10 percent of the principal may I	pe distributed. Since
inception in November 2003 there have been no distributions from the fund.	
	~
	# # # # # # # # # # # # # # # # # # #

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open To Public

lame of the organization					Employer identifi	cation number
A.H. of Monroe County, Inc.					59	2678740
Part I Fundraising Activitie	es. Complete	if the orga	nization a	ınswered "Yes" t	o Form 990, Par	t IV, line 17.
 1 Indicate whether the organizati a ✓ Mail solicitations b ☐ Email solicitations c ☐ Phone solicitations d ✓ In-person solicitations 	on raised funds	e ✓ f ✓	Solicitati Solicitati	llowing activities. On of non-government on of government undraising events	nent grants	<i>(</i> .
2a Did the organization have a writ or key employees listed in Form	n 990, Part VII) d	or entity in c	connection	with professional	fundraising service	s? 🗹 Yes 🗌 No
b If "Yes," list the ten highest pa to be compensated at least \$5	aid individuals o ,000 by the org	r entities (fu anization. F	undraisers orm 990-E	pursuant to agree Z filers are not re	ements under whic quired to complete	th the fundraiser is this table.
(i) Name of individual or entity (fundraiser)	(ii) Activity		draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
None paid \$5,000						
				1		
Varieties (American American A					***************************************	
Total			•			
3 List all states in which the organized registration or licensing. Florida				solicit funds or h	as been notified i	t is exempt from
	************	*******				
	**************					*****************

Pa	rt li	Fundraising Events. Comore than \$15,000 on F				
			(a) Event #1 King/Queen FFest (event type)	(b) Event #2 SMART Ride (event type)	(c) Other Events 8 (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1	Gross receipts	213,593	102,778	187,432	503,803
Œ	2	Less: Charitable contributions	163,821	102,778	44,955	311,554
***********		minus line 2)	49,772	0	142,477	192,249
	4	Cash prizes				
enses	5	Non-cash prizes				
Direct Expenses	6	Rent/facility costs			12,591	14,527
Dire	7	Other direct expenses	23,115	4,943	24,091	52,149
Pa	8 9 art II		oine lines 3 and 8 in coluth	ımn (d)		(66,676) 125,573 or reported more
	T	than \$15,000 on Form	990-EZ, line 6a.	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (Add
Revenue	1	Gross revenue	(a) Dinge	bingo/progressive bingo	(c) one gaming	col. (a) through col. (c))
uses	2	Cash prizes				
Direct Expenses	3	Non-cash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	D V 96	D V	N 96	
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	<u> </u>
	7	Direct expense summary. A	dd lines 2 through 5 in c	olumn (d) , , , , .		()
	8	Net gaming income summar	ry. Combine lines 1 and	7 in column (d)		
10	a Is o If a W	the organization licensed to "No," Explain: /ere any of the organization's "Yes," Explain:	organization operates g operate gaming activitie	aming activities:	es?	9a
11 12	ls	oes the organization operate the organization a grantor, b ormed to administer charitable	gaming activities with neneficiary or trustee of	onmembers?	f a partnership or other	11 entity 12

		Ye	s No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		
b	An outside facility		4
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
	revenue?	15a	
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a			
	retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

Schedule G (Form 990 or 990-EZ) 2008

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. **SCHEDULE 1** (Form 990)

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

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OMB No. 1545-0047

ŝ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Employer identification number 2678740 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance A.H. of Monroe County, Inc. Department of the Treasury Internal Revenue Service Name of the organization

	1 (000 11110 1)	معطات الماسية					1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4 1 2 2 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	described and the second and the sec						
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# # # # # # # # # # # # # # # # # # #							
1	01(c)(3) and gove	ernment organizati	ons suo			A A	
s Enter total number of other organizations	ariizandiis						

Schedule I (Form 990) 2008

Cat. No. 50055P

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Nutritional Assistance	3,000	248,847	0	0 not valued	Meals on wheels home delivery
Shelter Care	182	905,042			
Pharmacy Assistance	52	87,226			
Medical Transportation	123	16,350			
Physician Services	90	23,873			
Dental Care	78	29,932			
Haalth Insurance	46	140,184			
near mounte					

payments, AIDS Help also receives funding from foundations, corporations, individuals and special events. Where restrictions on funds from these non-government AIDS Help provides assistance to individuals in Monroe County who are infected with the HIV disease. Eligibility is generally based upon the individual's diagnosis and financial need. The agency's accounting system helps to monitor client eligibility for services as payments are coded with a unique client identification code which confirms the client's income and diagnosis qualify the individual for the assistance. In addition to government grants that fund these client assistance sources exist, the same accounting system codes are used to track compliance with donor restrictions.

spending is reported at least annually, but often on a quarterly basis to funding sources. The AIDS Help board of directors monitors spending for client assistance on assistance needs weekly through review of encumbrance accounting reports and forecasts as required to manage funding sources. An independent CPA firm is a monthly basis through reports that highlight differences from the budgeted spending levels by type of assistance provided. The AIDS Help staff monitor client monitored by local contract managers as well as by the State Department of Health or Department of Children and Families. Non-government client assistance For government grants, monthly invoices are prepared to request cost reimbursement of client assistance payments made by AIDS Help. These invoices are

engaged annually to audit the financial statements and to prepare a Single Audit report of compliance with government grants.

Schedule I (Form 990) 2008

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part III or Part III.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

(h) Purpose of grant or assistance 2678740 Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of non-cash assistance 23 (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section if (d) Amount of cash grant (e) Amount of non-cash applicable (p) (a) Name and address of organization or government A.H. of Monroe County, Inc.

Communication of Grants and Cure Assistance to moving an are oraces (Consolated France), Lawrence	200210101010			13 - (000 = 5 - 050)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Rent Deposit	32	21,847			en e
Utilities	28	8,640			
Co-Pay & Deductible for Health Insurance	22	11,963			
Neuropathy Pain Alleviation	22	3,078			
Mental Health Therapy	12	3,800			
Emergency Assistance	∞	934			
Utility Deposits	4	290			
Transitional Housing	****	1,976			
Linguistic Services	· Verse	20			
	PROGRAMMAN BOOMERSHIPS AND THE THE THE PROGRAMMAN OF THE	The state of the s	- NAMES OF THE STREET OF THE S		
			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		
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	n productiva de la companya del la companya de la c				Schedule I-1 (Form 990) 2009

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization

in Part III

Department of the Treasury

Internal Revenue Service

Employer identification number

2678740 A.H. of Monroe County, Inc. **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or 1b provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ✓ Written employment contract Compensation survey or study ☐ Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment?.... 4a 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?... 4c c Participate in, or receive payment from, an equity-based compensation arrangement?. If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?............. 6a **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe

Schedule J (Form 990) 2008

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

9,384 112,345				W.Z. ald/Ol 1030-WICC COmpensation	A componistrion	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
10	(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047
2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number A.H. of Monroe County, Inc. 2678740 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from (c) Original (d) Balance due (e) In default? (f) Approved (g) Written the organization? principal amount by board or agreement? committee? То From Yes No Yes No Yes No Phillip Hogue / Key West Bank mortgage 500,000 476,948 Stephen Selka mortgage 500,000 500,000 Total 976,948 Part III Grants or Assistance Benefitting Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of grant or type of assistance organization Business Transactions Involving Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction (e) Sharing of interested person and the organization's transaction organization revenues? Yes No

SCHEDULE M (Form 990)

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

m 990, Part IV, lines 29 or 30. Open To Public

► Attach to Form 990. Inspection

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 59 2678740 A.H. of Monroe County, Inc. Part I Types of Property (a) (b) (c) (d) Check if Number of contributions Revenues reported on Method of determining Form 990, Part VIII, line 1g applicable revenues 79 10.614 selling price of items Art-Works of art Art—Historical treasures 2 Art—Fractional interests 3 Books and publications 4 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 8 Intellectual property 5,517 quoted market price 9 Securities—Publicly traded . 10 Securities—Closely held stock. Securities-Partnership, LLC, or trust interests Securities-Miscellaneous 12 13 Qualified conservation contribution (historic structures) 14 Qualified conservation contribution (other) . . . 15 Real estate—Residential Real estate-Commercial . . 16 545,000 appraised value Real estate—Other . . . 17 18 Collectibles Food inventory 19 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts . . . Other ▶ (Food & beverage) 114 20.214 cost of donated items 25 1 2,736 quoted market price 26 Other ▶ (Computer) 186,948 Other ▶ (All other events) 166 cost of donated items 27 28 Other ► (. Meals on wheels.) 360 0 value not recorded 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 1 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

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describe in Part II.

Cat. No. 51227J

Schedule M (Form 990) 2008

Schedule M (Form 990) 2008 Page **2**

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
Line 1 - Art - Works of Art number of contributions is measured by number of works of art received
Line 9 - Securities - Publicly traded number of contributions is one donor
Line 17 - Real Estate - Other number of contributions is one donor of vacant land zoned residential
Line 25 - Food and beverage number of contributions is number of donors including several formal restaurant dinners,
Taste of Key West and Vintner's Dinner
Line 26 - Computer - number of contributions is one donor of two HP workstations for use in Education program
Line 27 - All Other Events number of contributions is number of donors supporting multiple special events through the
year with auction items of goods and services including donations to eight candidates for King and Queen of Fantasy Fest
Line 28 - Meals on Wheels number of contributions is the number of days when meals were provided for shut in clients
by approximately 35 donor restaurants.
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

59 2678740 A.H. of Monroe County, Inc. Form 990 Part IV line 27 The organization did provide assistance to directors and to persons related to directors or former directors as they are included in the class of individuals eligible for services as defined in AIDS Help mission. The services were provided on the same basis as if the individual was not a director or related to a director. Form 990 Part IV line 28a The organization did have a direct business relations with a director and a former director that was less than \$100,000 in total and less than \$10,000 in any single transaction. These transactions were conducted at arms lenth prices or at a discount, in compliance with the AIDS Help conflict of interest policy. Form 990 Part IV line 28c The Board of Directors of AIDS Help is identical to the Board of Directors of three special purpose corporations formed in accordance with HUD regulations to own and operate residential facilities for low income disabled individuals. These corporations are: 1213 William Street Corporation, A.H.I. Housing, Inc. and A.H.I. Real Estate Properties, Inc. AIDS Help receives administrative fees and reimbursement for maintenance labor from these three corporations based on the actual cost of services provided. In each case, the fees received were less than \$100,000 in total and less than \$10,000 in a single transaction. Form 990 Part V line 7g AIDS Help did not receive any contributions of qualified intellectual property. Form 990 Part V line 7h AIDS Help did not receive any contributions of cars, boats, airplanes or other vehicles. Form 990 Part VI line 10 The Finance Committee of the Board of Directors was provided with a draft of the Form 990 and all related schedules. After receiving comments from the Finance Committee, the full board of directors was sent a copy Form 990 Part VI line 12c All board members sign a conflict of interest policy upon election to the board. The recording secretary and vice president advise board members where there is a potential conflict of interest to abstain from voting on actions that would cause the board member to violate the policy. Any board member may advise the President of any potential conflict of interest by any other board member. The President will investigate and if necessary recommend the board member be terminated. Form 990 Part VI line 15 - Process for determining compensation of key employees. The executive committee of the Board of Directors negotiates a multi-year contract with the executive director. The terms of the contract include compensation, paid time off, benefits and incentive pay.

Name of the organization	Employ	er identification number				
A.H. of Monroe County, Inc.	59	2678740				
Form 990 Part VI line 19 Generally the organization does not make its governing docume	nts and	conflict of interest				
policy available to the public. The articles of incorporation and bylaws of the organization are filed with the Florida						
Secretary of State and are available by request. The financial statements are published in	summ	arized version in the				
annual report of the organization. The annual report of the organization is published as a	n inser	t to the largest				
circulation daily newspaper in Monroe County.	P. Mr. Mr. and and and and and					
Schedule G Part II Fundraising Event #2 SMART Ride This event is managed by a profess	sional f	undraiser and AIDS Help				
particpates by providing sponsorship funds, volunteers and recruitment for riders to part	icipate	in a two-day bike ride				
from Miami to Key West. The event manager makes a donation of the gross proceeds col	lected	from event participants				
and restricts AIDS Help to spending the donation for the benefit of clients. As such, there	e is no	gross revenue from the				
event but expenses are incurred. That results in a higher than expected ratio between tot	al fund	raising event expenses				
and gross revenue.	*******					
Schedule R Part II The related tax-exempt organizations have an identical Board of Direct	tors to	AIDS Help.				
Schedule R Part V line 1k AIDS Help provides administrative services to each of the relat	ed tax-	exempt organizations and				
to the related entity taxed as a partnership at a cost less than \$50,000.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
Schedule R Part V line 1m AIDS Help facilities and equipment are shared at no additional	cost b	y each of the related				
tax-exempt organizations.	*******					
Schedule R Part V line 1n AIDS Help employees are shared by each of the related tax-exe	mpt or	ganizations and the				
related entity taxed as a partnership at a cost less than \$50,000.	******					
Schedule R Part V line 1p AIDS Help is reimbursed by each of the related tax-exempt orga	anizatio	ons for expenses it				
incurs on behalf of these entities, typically with respect to purchase of repair and mainter	nance r	materials at a cost less				
than \$50,000.						
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SCHEDULE R (Form 990)

A.H. of Monroe County, Inc. Department of the Treasury Internal Revenue Service Name of the organization

Part I

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

See separate instructions.

2008

OMB No. 1545-0047

Inspection Employer identification number Open to Public

2698740 29 Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
- Poinciana Royale LLC, 38-3777739	Low Income Housing	<u>.</u> .	0	0	AH of Monroe
1434 Kennedy Drive, Key West, FL 33040					County, Inc.
- AH-Housing Services LLC, 38-3777737	Low Income Housing	FL	0	0	AH of Monroe
1434 Kennedy Drive, Key West, FL 33040					County, Inc.
Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
-1213-William Street Corporation, 31-1501909	Low Income Housing	1	501(c)(3)	7	NA
1434 Kennedy Drive, Key West FL 33040					
- A.H.I. Housing, Inc., 65-0653670	Low Income Housing	F	501(c)(3)	7	NA
1434 Kennedy Drive, Key West, FL 33040					
- A.H.I. Real Estate Properties, Inc., 65-0363080	Low Income Housing	1	501(c)(3)	_	NA
1434 Kennedy Drive, Key West, FL 33040					

Schedule R (Form 990) 2008

Cat. No. 50135Y

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Page 2

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	, g v
				The second secon			Yes No		Yes No	9
Poinciana Royale	Low Income	L.	Poinciana	Related	0	2,766	>	至	>	моминания
Associates, Ltd.	Housing		Royale LLC		A STATE OF THE STA	er an excessor de commente				venanaras
1434-Kennedy,-Key West										-
Poinciana Royale	Low Income	T.	AH of Monroe	Related	•	273,847	>	Ϋ́ Α	*	-
··· Associates, Ltd.	Housing		County, Inc.							
										алагария
										1

artiv Identification of Related Organizations Taxable as a Corporation or Trust

(A)	(8)	(5)	(<u>0</u>		4	(9)	Ξ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
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Schedule R (Form 990) 2008

ParaV Transactions With Related Organizations

		-
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	I in Parts II-IV?	12
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		* 2
b Gift, grant, or capital contribution to other organization(s)		2 2
c Giff, grant, or capital contribution from other organization(s)		» ,
) P
		1e /
e Loans of loan guarantees by other organization(s)		,
* Color of accorde to other arranitation(e)		1
	•	19
		4
		>
i Lease of facilities, equipment, or other assets to other organization(s)		•
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		*
k Performance of services or membership or fundraising solicitations for other organization(s)		>
Performance of services or membership or fundraising solicitations by other organization(s)) W
m Sharing of facilities, equipment, mailing lists, or other assets		1
n Sharing of paid employees		*
		10
o Reimbursement paid to other organization for expenses		7 4
p Reimbursement paid by other organization for expenses		>
		,
a Other transfer of cash or property to other organization(s)		» \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		>
i	relationships and trans	action thresholds.
	(B) Transaction type (a-r)	(C) Amount involved
	1	The state of the s
Poinciana Royale Associates, Ltd.	0	200,000
Poinciana Royale Associates, Ltd.	Ω	123,318
(3)		
(4)		
(5)		de la communicación de la
(9)	Schedul	Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?		Share of end-of-year assets	Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
WA			Yes	° N		Yes No		Yes
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					ADMA ADMINISTRAÇÃO DE CONTRACTOR DE CONTRACT			
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Department of the Treasury

Internal Revenue Service OGDEN UT 84201-0074 K IRS USE ONLY 29404-037-52556-0 592678740 A0183825

825 ZEL TP 3

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: March 15, 2010

Taxpayer Identification Number:

59-2678740 **Tax Form:** 990

Tax Period: June 30, 2009

063471.701986.0196.005 1 AT 0.357 375



AH OF MONROE COUNTY INC PO BOX 4374 KEY WEST FL 33041-4374740

063471

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **May 15, 2010.**

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

EXHIBIT #J



DGDEN UT 84201-0046

In reply refer to: 0423373795 Agr. 23, 2009 LTR 252C E0 59-2678740 000000 00 000 00004022

BODC: TE

AH OF MONROE COUNTY INC PO BOX 4374 KEY WEST FL 33041-4374



9900

Taxpayer Identification Number: 59-2678740

Dear Taxpayer:

Thank you for the inquiry dated Apr. 01, 2009.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at www.irs.gov or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone	Number	()	Hours
-----------	--------	---	---	-------

Sincerely yours,

Kim L. Tolsma

Dept. Hanager, Code & Edit/Entity 3

Enclosure(s); Copy of this letter INTERVAL REVENUE SERVICE DISTRICT DIRECTOR C - 1130 ATLANTA: GA 30301

Oate: MAY 06 1991

AIDS HELP INC PO BOX 4374 KEY WEST, FL 33041 Employer Identification Number: 59-2678740
Contact Person: TERRI BRADLEY
Contact Telephone Number: (404) 331-0168

Our Letter Dated: August 14: 1986 Addendem Applies: No

__Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addenounal applies, the addendum encrosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above,

1 m 1 m

Paul Hilliams District Director

Department of the Treasury

Internal Revenue Service District Director

OMIS: AUG 1 4 1986

AIDS HELP, INC. 715 Windsor Lane Key West, FL 33040 Employer Identification Number: 59-2678740 Accounting Period Endings December 31 Foundation Status Classification:

1986 & Ends December 31, 1991 Alicia Poster/ss

Contact Telephone Number: (404) 331-4516

File Folder Number: 580070799

Dear Applicant:

based on information supplied, and assuming your operations will be as stated in jour application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final datarmination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 170(b)(I)(A)(vi) & 509(a)(I),

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period ragins on the date of your incaption and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whather you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 5J\$(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future perfods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Granters and denors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 20 days, grantors and denors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the data of such publication. Also, a granter or denor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section statur, or acquired knowledge 509(a)(1) that the Internal Revenue Service had given notice that you would be removed from classification as a section organi=ation. 509(a)(1)(Great)

P. Q. Bax 1055, Atlanta, GA 30370

If your sources of support, or your numposes, character, or method of operation change, please let us know so we can consider the effect of the change on your amount status and foundation status. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, suployment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Sequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990. Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable dause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on form 990-7. Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exampt status and founiation status, you should keep it in your permanent records.

If you have any questions, places contact the person whose name and telephone number are shown in the heading of this latter.

Sincerely yours

District Director

EXHIBIT #K

2010 / 2011 MONROE COUNTY BUSINESS TAX RECEIPT **EXPIRES SEPTEMBER 30, 2011**

RECEIPT# 46110-78246

Business Name: A H OF MONROE COUNTY INC

Owner Name: A H OF MONROE COUNTY INC

Mailing Address: 1434 KENNEDY DR

KEY WEST, FL 33040

Exemption:

003-30.00: NON PROFIT

Business Location: 1434 KENNEDY DR

KEY WEST, FL 33040

Business Phone:

305-296-6196

PROFESSIONALS

Business Type:

(PROFESSIONALS)

	Rooms	Seats	Empl	oyees	Machines	Stalls
					/	
Numl	per of Machines :		For Vendin	g Business Or Vei	nly nding Type :	
Tax Amount	Transfer Fee	Sub-Tol	tal Penalt	y Prior Year	rs Collection Co	st Total Paid
All V	1			\$0.00		

12870000-P0-E51-GIA9

07/28/2010 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX. YOU MUST MEET ALL COUNTY AND/OR MUNICIPALITY PLANNING AND ZONING REQUIREMENTS.

EXHIBIT #M

CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

AIDS HELP INC GORDON ROLLINS CTR 1434 KENNEDY DR KEY WEST, FL 33040

LABORATORY DIRECTOR DERRICK L TRAYLOR CLIA ID NUMBER 10D1036820

EFFECTIVE DATE 02/10/2011

EXPIRATION DATE 02/09/2013

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CIVIS CENTERS for MEDICARE & MEDICAID SERVICES

Yudth G. Yest Judith A. Yost, Director

Judith A. Yost, Director Division of Laboratory Services Survey and Certification Group Center for Medicaid and State Operations

530 Certs1 011511

- If this is a <u>Certificate of Registration</u>, it represents only the enrollment of the laboratory in the CLIA program and does not
 indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing
 upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a <u>Certificate for Provider-Performed Microscopy Procedures</u>, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a <u>Certificate of Waiver</u>, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.



Consumer's Certificate of Exemption

DR-14 R. 04/05 08/02/07

Issued Pursuant to Chapter 212, Florida Statutes

85-8013879838C-2 Certificate Number

09/14/2007 Effective Date

09/30/2012 Expiration Date

This certifies that

AIDS HELP INC 1434 KENNEDY DR KEY WEST FL 33040-4008



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14 R. 04/05

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. 1. See Rule 12A-1.038, Florida Administrative Code (FAC).
 - Thus Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- การการครุง การอากุร สการกับเมือง อากุษย์เม่มี อยี่ ก็รถ เหมูณที่สมัยงาวแบบโมมเป็นแบบการ ที่ โดยว่าเป็นโดยไกรให้ remoused by the argunization.
- size exempted appares only to perceives your organization ranker. The edicite in term in all the locality rate erganization of tangible personal property, sleeping accommodations of other real property is taxable. Your orthonomin maid consider, and cosect and reads sales and use izk of such islane Vacas (afact) (afact class sec are exempt from this reminement except when they are the lessor of real property () rule 12A-1.070, rAC).
 - Rice a communicativamenta an araphable fair creater than compared in crade and paymona of states rate, under the circumstances should this certificate he used for the personal benefit of any individual. Violators will be illiable for والمراب فرازا المراب المنظم والمنطون في المراب المراب والمراب والمنطوع والمراب والمرابع والمرابع والمرابع reigny. Any violation will necessitate the revocation of this conflicate.
 - n ma sang sebegai bebahan yan pengangah pila jeja penga-pangan ek bebahasi mengan beri. Sebagai Recistration at 950 487-4130. The mailinn address is PO BOX 6480, Tallahassee, FE 32014-5450.

State of Florida Department of State

I certify from the records of this office that A.H. OF MONROE COUNTY, INC. is a corporation organized under the laws of the State of Florida, filed on March 3, 1986.

The document number of this corporation is N13659.

I further certify that said corporation has paid all fees due this office through December 31, 2011, that its most recent annual report was filed on February 11, 2011, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Twelfth day of February, 2011

Secretary of State



Authentication ID: 200193955552-021211-N13659

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html

(Rev. October 2007) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return)				
2					
page	Business name, if different from above				
on p	AIDS Help				
Print or type Specific Instructions		•	Exempt payee		
int nsti	Address (number, street, and apt. or suite no.) Requester	's name and a	ddress (optional)		
ي څ	1434 Kennedy Drive				
ecif.	City, state, and ZIP code				
Spe	Key West, FL 33040				
See	List account number(s) here (optional)				
()					
Pa	rt I Taxpayer Identification Number (TIN)				
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is					
	r employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.		or		
, Not	te. If the account is in more than one name, see the chart on page 4 for guidelines on whose	Employer id	dentification number		
nun	nber to enter.	59	2678740		
Pa	art II Certification				
Und	der penalties of perjury, I certify that:				
1.	The number shown on this form is my correct taxpayer identification number (or I am waiting for a nu	mber to be is	ssued to me), and		
	I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I ha Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all intenotified me that I am no longer subject to backup withholding, and	ve not been rest or divide	notified by the Internal ends, or (c) the IRS has		
3.	I am a U.S. citizen or other U.S. person (defined below).				
with For arra	tification instructions. You must cross out item 2 above if you have been notified by the IRS that yo sholding because you have failed to report all interest and dividends on your tax return. For real estate mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contribungement (IRA), and generally, payments other than interest and dividends, you are not required to significantly some than interest and dividends, you are not required to significantly some than interest.	transactions utions to an	s, item 2 does not apply. Individual retirement		

U.S. person ▶ General Instructions

Signature of

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Sign

Here

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRÁ.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or

FINANCE DIRECTORDATE > 2-17-2011

· A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States. provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,

EXHIBIT #N





FLORIDA DEPARTMENT OF HEALTH DIVISION OF DISEASE CONTROL BUREAU OF HIV/AIDS

CERTIFICATE OF REGISTRATION

Issued To

AH of Monroe County, Inc. Site #01-303, #12-146

for the period of one year

to conduct HIV Prevention Counseling, Testing and Linkage Services.

EXPIRES January 24, 2012

mal 12de

Marlene LaLota, MPH, Program Administrator Prevention Section, Bureau of HIV/AIDS

EXHIBIT #0



EQUAL EMPLOYMENT OPPORTUNITY AND NON-DISCRIMINATION POLICY

AIDS Help is committed to:

- Ensuring equality of opportunity and treatment for all employees without regard to race, sex, color, religion, creed, age, national origin, political affiliation, physical handicap, sexual orientation, family status or marital status;
- Providing equal employment opportunity to all persons and promoting realization of equal employment opportunity through a positive, continuing program;
- Promoting affirmative action in recruitment, hiring and promotion whenever necessary to ensure equal employment opportunity; and

The Executive Director will administer this policy to ensure non-discrimination and opportunity for equal employment to all AIDS Help employees and applicants. Complaints bearing on equal employment opportunity and non-discrimination will follow AIDS Help's grievance procedure and conform to standards established by law.

EXHIBIT #P



CHARLIE CRIST GOVERNOR ELIZABETH DUDEK INTERIM SECRETARY

November 16, 2010

AIDS Help, Inc. 1434 Kennedy Drive Key West, Fl. 33040

Dear Ms. Patrice Pelletier-Sanders:

On October 29, 2010, a coordinated site visit was conducted at your facility to ensure compliance as a Project AIDS Care Waiver Case Management Agency. Case management agencies must meet standards set forth in the Project AIDS Care waiver Services Coverage and Limitations Handbook.

Ten of your agency records were reviewed and found to be within compliance for the most part. Your agency obtained a score of 96%. At that time we asked you to provide the missing documentation which we identified and you complied by the next working day. The documentation for initial and current assessments, acuity level determination and level of care determination was present in all but 1 record. We understand that you experienced some difficulty in obtaining a Medical Assessment & Acuity level determination from the Care Manager for one of the records we reviewed. You have assured us that this should not occur in the future as scheduling visits with the Care Manager has become easier.

In the exit interview we pointed out the deficiencies. In 1 case the required contact according to Acuity Level was not made although we did notice that in the other 9 records the contact exceeded what is required by policy. In 5 of the records the nurse's signature was missing in the plan of care covering the second half of the year. We advised that closer attention should be given to these areas so that these deficiencies do not occur in the future. Another improvement we suggested was to organize the records so that the PAC waiver documentation is clearly distinguishable by tabs or dividers and that you use our monitoring tool as a guide to organizing the paperwork.

We are happy to report that the beneficiaries surveyed were enthusiastic in their praise of your case managers whom they considered to be very helpful and supportive.

We look forward to meeting you again next year for your record review. A copy of the report will be forwarded and reviewed by Tallahassee. Should you have any questions or concerns, do not hesitate to contact me at (305)593-3064, Blanche Rodriguez at (305) 593-3057or Dorine Swaby at 305-593-3060. Thank you for your cooperation.

Sincerely,

Margaret Warner

Mayaret warres

Sr. Human Services Program Specialist

Medicaid Area 11



February 4, 2011

A.H. of Monroe County, Inc. Attn: Robert Walker 1434 Kennedy Drive Key West, Florida 33040

Re: Contract Monitoring CODX5 - Ryan White Part B 2010 - 2011

Dear Mr. Walker:

I would like to thank you and your staff for your assistance during the Ryan White Part B monitoring visit on January 14, 2011. Attached is the monitoring narrative report that summarizes the findings and recommendations along with copies of the monitoring tools.

If you have any questions, please feel free to contact me at 305-809-5616 or by email at aundria vanbourgondien@doh.state.fl.us.

Sincerely,

Bunny VanBourgondien

Contract Manager

Monroe County Health Department

Burry Yant

cc: Patrice Sanders

Enclosures: Programmatic Contract Monitoring Narrative Report

Lead Agency Programmatic Monitoring Tool Client Eligibility Agency Monitoring Tool Case Management Agency Monitoring Tool



Programmatic Contract Monitoring Narrative Report

Contract #: CODX5 Ryan White Part B 2010-2011

Location of Monitoring: A.H. of Monroe County, Inc.

1434 Kennedy Drive

Key West, Florida 33040

Date of Monitoring: January 14, 2011

Persons in Attendance: Bunny VanBourgondien, Contract Manager

Cynthia Underhill, HIV/AIDS Program Coordinator

Patrice Sanders, Director of Client Services, AIDS Help, Inc.

General:

The monitoring began at the site referenced above at 10:00 a.m. with all above listed staff participating. Interview, observation and review of documentation were the primary modes of information gathering for this monitoring. After carefully reviewing client records, and other documentation we concluded the monitoring.

Recommendations:

Begin use of visitor sign-in security log. A visitor is anyone other than a client.

Corrective Action:

None.

Commendation:

None.

Gato Building
1100 Simonton Street
P.O. Box 6193
Key West, Florida 33041-6193
(305) 293-7500 • FAX (305) 292-6872

Programmatic Contract Monitoring Narrative Report

Contract #: CODZ5 General Revenue Network 2010 - 2011

Location of Monitoring: A.H. of Monroe County, Inc.

1434 Kennedy Drive Key West, FL 33040

Date of Monitoring: November 19, 2010

Persons in Attendance: Bunny VanBourgondien, Contract Manager

Cyna Wright, HIV/AIDS Program Coordinator Patrice Pelletier-Sanders, Director of Client Services

General:

The monitoring began at 10:00 am with all above referenced staff participating. Interview and review of documentation were the primary modes of information gathering for this monitoring. After carefully reviewing requested documentation and interviewing of AHI staff, we concluded the monitoring.

Findings:

- All documentation requested was made available for our review
- While comparing the detail of fixed-price administrative expenditures to the current budget narrative, we noticed that "Part A" of the other funding section had dollar amounts shown for each position.
- Check #83151 cut on 7/22/10 (Aetna/Chase Card), and check #83311 cut on 8/11/10 (Anthony Ragusea) were both paid during the 10-11 contract year, but services performed were for the prior contract year.
- AHI does encumber funds, but at the time of this monitoring Shelter Care was the only line item with encumbered funds.

Recommendations:

- Payments for client services should be for services provided in the current contract year.
 Encumbered funds with open balances should be researched and invoices should be requested.
- When invoicing DOH for a multi-client expenditure, each client's portion should be listed separately (ie; a lease agreement in the name of two clients)
- AHI should consider implementing a policy regarding a maximum time period allowable for providers to invoice for services and for clients to submit unpaid provider invoices.

Corrective Action:

None at this time.

Accommodation:

None



Charlie Crist Governor

Ana M. Viamonte Ros, M.D., M.P.H. State Surgeon General

December 3, 2010

A. H. of Monroe County, Inc. Attn: Patrice Sanders 1434 Kennedy Drive Key West, Florida 33040

Re: Contract Monitoring CODZ5 - General Revenue Network 2010 - 2011

Dear Patrice:

I would like to thank you for your assistance during the General Revenue Network monitoring visit on November 19, 2010. Attached is a copy of the monitoring report that summarizes the findings and recommendations along with copies of the monitoring tools.

The purpose of this programmatic monitoring is to assist AHI in complying with contract terms while providing patient care services to eligible clients. My job as the contract manager is to ensure that DOH funds are administered appropriately by the provider. I am hoping that the attached narrative and monitoring tool will help AHI enhance their current client service procedures.

If you have any questions, please feel free to contact me at 305-809-5616 or by email at aundria vanbourgondien@doh.state.fl.us.

Sincerely,

Bunny VanBourgondien

Contract Manager

Monroe County Health Department

cc: Robert Walker

Enclosures: Programmatic Monitoring Narrative Report

Contract Monitoring Tool

Gato Building 1100 Simonton Street P.O. Box 6193 Key West, Florida 33041-6193 (305) 293-7500 • FAX (305) 292-6872

DESK REVIEW MONITORING TOOL

PROGRAM OFFICE/CHD: Department of Health, Bureau of HIV/AIDS

PROVIDER NAME AND ADDRESS:

AH of Monroe County, Inc.

1434 Kennedy Drive Key West, FL 33040 (305) 296-6196

CONTRACT NUMBER:

CODBL

CONTRACT MANAGER: Albert Craig Reynolds

Total dollar amount of contract:

\$520,787.00

Effective dates of contract:

July 1, 2010 - June 30, 2011

Procurement Method:

HPM

Funding Source:

HOPWA

Method of Payment:

Cost reimbursement

Services Provided: Short-term housing assistance including rent, mortgage, utilities, transitional housing, conversion to permanent housing and case management.

Invoice (s) examined:

Invoice (s) dates:

8/19/10, 9/9/10, 10/7/10, 11/10/10

Total dollar amount of invoice(s): \$185,597.37

% of Total contract amount:

36%

١. Invoice(s):

(Please answer all questions with Yes, No, or N/A)

1. Invoice(s) approved by contract manager and contract manager supervisor?

Yes

Invoice(s) received within the contract stipulated time frame?

Yes

Invoice(s) properly signed by provider? 3.

Yes

Name and Address of Provider on the invoice(s) accurate? 4

Yes

Contract number included and correct on the invoice(s)? 5.

Yes

6. Period of service included on the invoice(s)?

Yes

Computations accurate?

Yes

8. Was	final invoice(s) submitted within the specified time?	N/A						
II. <u>C</u> c	ost Reimbursement Contract							
1. Tota	accrual expenditures submitted are within budget?	Yes						
2. Back	up documentation attached to invoice(s) (when appropriate)?	Ye s						
	c up documentation attached to invoice(s)agrees with total bunt shown on invoice(s)?	Yes						
	e item revisions were necessary within the budget, did the provide w up on contract provisions such as:	er .						
	ecuring prior approval from the department? dhering to fiscal limitations in the contract?	Yes Yes						
5. Were	e unallowable expenditures charged to the contract?	No						
	s <u>yes</u> , did the provider make arrangements to reimburse department?	N/A						
7. Does the contract specify match requirements?								
7. Does the contract specify match requirements?8. If 7 is <u>yes</u>, are the match contributions reflected in the invoice(s)?								
A.	Salaries 1 Time Sheets:							
	 Time Sheets: a. Worker's name & social security number included? 	Yes						
	b. Period of service included?c. Total number of hours worked correct?	Yes Yes						
	d. Type of work stated?	Yes						
	e. Signed and/or initialed by worker?f. Approval signature?	Yes Yes						
В.	Travel (DOH 40-1)							
	 General: a. Authorization to Incur Travel Expense Form C-676C 							
	submitted?	N/A						
	b. Is travel reimbursement consistent with DOH 40-1?	N/A						
	2. Form C-676:							

		b. Original receipts for expenses included?	N/A N/A
		If travel was to a conference, is a copy of the Agenda or program attached? d. Mileage consistent with DOH 40-1? e. Per diem allowance consistent with f. Computation accurate? g. Signed by payee? h. Approved by supervisor i. Social Security number included?	N/A N/A h DOH 40-1? N/A N/A N/A N/A
C.	Equipme	<u>ent</u>	
	1.	Was an invoice submitted for the purchase of:	
		a. Computer hardware?	N/A
		b Computer software?c. Computer service?	N/A
	2	If yes, to any of the above:	N/A
		Is an approved Information Resource Request	(IRR)
		attached to the invoice?	N/A
D.	1.	Specify Type: Spreadsheet reflecting fatal criter of the contract.	ia as indicated in
	2.	All required information complete and accurate	? Yes
	3.	If not, specify exceptions	
IV	Fixed	d Price Contract	
• •	1 1/400	ar nec contract	
	 Is the specified 	e rate per unit of service charged on the invoices of in the contract?	the same as the rate N/A
	2. Are to authorize	otal of payments requested as of date of monitoried total number of units and/or dollar amount?	ng within the
٧.	Back	Up Documentation for Fixed Price Contract	
1. 2. 3. 4.	Is the Date	ist of clients required? If yes, e list of clients attached? of service(s) listed? of service(s) stated?	

PAYMENT RECORD REVIEW SHEET

of Invoices submitted: 4

of Invoices reviewed: 4

Contract #: CODBI

Period of Service	Amount Paid	Date Received	Signed by Provider (Yes or No)	Date Stampe d (Yes or No)	Approved by Contract Manager & Contract Manager Supervisor (Yes or No)
July1-July31	\$54,285.48	August 6	Yes	Yes	Yes
Aug. 1-Aug 31	\$49,902.40	Sept. 8	Yes	Yes	Yes
Sept. 1-Sept.30	\$43,398.40	Oct.7	Yes	Yes	Yes
Oct. 1- Oct. 31	\$38,011.09	Nov. 10	Yes	Yes	Yes

Total Paid	\$185,597.37	36% *AEM	IU (\$) 46,399	.34	
Total Contract Amount:	\$520,787.00	100 %	AEMU (\$) (*,	Average Estimated Monthly Utilia	zation)
Balance					
Of Contract:	\$335,189.63	64% \$	x	=	
Did the provi invoice?	der receive pa	ayment withi	า 40 days of sเ	ubmitting completed	Yes
If not explain	why?				

5. Back up documentation as appropria a. Specify type:	ite
b. All required information completed	d and accurate
If not, specify exceptions:	
Findings: None	
Recommendations: None	
Albert Craix Rupolels Signature	/11241/0
Signature	Date Date
Title: Contract Manager	
rido. Odiniade manager	

EXHIBIT #R

FUNDRAISING

Approximately 15% of our budget is raised locally. The locally raised funds allow us to meet the requirements to draw down over 2.5 million dollars of state and federal dollars for client services. Money raised in Monroe County stays in Monroe County. Locally raised funds also support the construction of additional housing units for people living with AIDS.



The Annual Taste of Key West is a longstanding popular event that supports the work of AIDS Help. Over 65 local restaurants and 100 wineries from around the world donate their time and luscious libations for this much anticipated yearly event.



AIDS Help, Inc. constantly searches for funding sources to build and provide housing for our clients.

"What can I say- it has saved my life
by making basic essentials like rent and food
affordable and eliminating the constant worry and
stress about making ends meet each month.
My quality of life is so much better. I'm so grateful."
CLIENT COMMENT

Free HIV Testing Times and Locations:

- Monday 12-5pm Trinity Church 717 Simonton St
- Tuesday 11-2pm MCC Church 1215 Petronia St
- Tuesday 5-6pm Gordon Rollins Center 1434 Kennedy Drive
- 1434 Kennedy Drive Tuesday 12-5pm Fisherman's Hospital Marathon (2nd & 4th week of the month)
- Wednesday 8am-1pm St. James Church 312 Olivia St
- Wednesday 1-4pm Care Center 1205 Fourth St
 - Wednesday 6-8pm GLCC

513 Truman Ave

- Wednesday 5-8pm MLK Pool 300 Catherine St
- Thursday 6-9pm Elks Lodge 1107 Whitehead St



AIDS Help, Inc. P.O. Box 4374 Key West, FL 33041 305-296-6196 AIDS Help, Inc. P.O. Box 523137 Marathon, FL 33052 305-289-0055

Fundraising 305-293-4804 Volunteer Coordinator 305-293-3666

www.aidshelp.cc

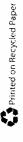






Photo by Peter Arnow

Jntil there's a cure... there's AIDS Help

"AIDS Help is a life saver in so many ways.
Six months ago I was half-dead in a hospital.
Now I have a place to live,
been educated about HIV/AIDS,
eat better, receive proper health care,
receive food assistance, receive great moral
support and feel that I have a future.
Thank you so much, everyone
and every department of AHI."

CLIENT COMMENT

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Monroe County Grant to AIDS Help Demographics for Clients Served During 2010 - 2011 Contract

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Monroe County Grant to AIDS Help Demographics for Clients Served During 2010 - 2011 Contract

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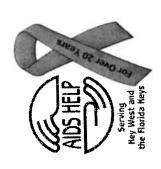
Monroe County Grant to AIDS Help Demographics for Clients Served During 2010 - 2011 Contract

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Clients Served and Matching Funds During 2010 - 2011 Contract Monroe County Grant To AIDS Help

	Matching	Funds	Assistance
Unique Clients	Served by	Matching	Funds
	Assistance	Provided by	Monroe County
	Unique Clients	Served by	Monroe County Monroe County

Dhysician Services			46	17,885
Dontal Services			28	10,338
Montal Health Services			12	6,983
Mouronathy Therapy			18	7,500
Dring Assistance	109	20,000	104	68,525
Nutritional Assistance			100	54,594
Food Bank			33	5,510
Medical Transportation Services			45	5,949
Emorgony Assistance			8	550
Modical Mutrition Assistance			22	7,113
Translation Services			_	06
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Kent Deposit			\ C	1 025
Utility Deposits				770 00
Health Insurance Premium			4	03,317
Health Insurance Co-Pay and Deductible			4	4,437
Dont Assistance			51	238,347
Malit Assistance			6	1,486
			109	149,259
Medical Case Management				



PERSONNEL POLICIES & PROCEDURES MANUAL

MISSION STATEMENT

The primary mission of AIDS Help, Inc. is to assist Monroe County residents who have HIV spectrum illness to access appropriate services that will help to maintain the best possible quality of life for them, their families, and their loved

In addition, AIDS Help will assist Monroe County residents in outreach, education and prevention related to HIV spectrum illness.

AIDS Help will continue to accomplish its mission with compassion, friendship, love and understanding, and to respond effectively to changes in the nature of the AIDS epidemic.

DISCLAIMER

AIDS Help, Inc.'s Personnel Policies and Procedures Manual is not a contract nor do any of its contents create a contractual right or condition of employment between AIDS Help, Inc. and its employees. The policies are not to be interpreted as promises of specific treatment. AIDS Help, Inc. reserves the right to revise the manual at any time without notice. Employees will be notified immediately of any revisions.

This manual, approved in November 1994 and as it may thereafter be amended, includes or supercedes all previous personnel-related policies and procedures of AIDS Help, Inc. In the event that these policies conflict with any contract or with any State or Federal law, the terms of that contract or law shall prevail.

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INTRODUCTION

This manual contains the personnel policies and procedures of AIDS Help, Inc. It should be used by employees as a handbook, and by management as a guide to fair and professional personnel administration.

AIDS Help's personnel policies and procedures are intended to:

- Provide the most equitable compensation practicable to all employees;
- Establish and maintain uniform work standards;
- Maintain policies for affirmative action, equal opportunity, non-discrimination, a drug-free workplace, and any other applicable Federal or State law;
- Define responsibilities of employees and the relationship between employees and management; and
- Foster a harmonious and productive work environment for achieving AIDS Help's mission.

Policies in this manual are subject to approval by the Board of Directors, which may delegate this responsibility to the Board's Personnel and Compensation Committee.

The Executive Director is responsible for establishing procedures to implement policies and for administering the personnel program. The Executive Director may delegate any part of these responsibilities.

Supervisors are responsible for administering these policies and procedures impartially and consistently.

Employees are encouraged to suggest clarifications or revisions of these policies and procedures.

Revisions to this manual will be made whenever a change occurs in a policy or procedure. Employees will be notified promptly of all such changes upon approval of the Board of Directors.

Selection of the best qualified person for a position will be made in relation to experience, skills, training, education and aptitude, and without regard to race, color, national origin, religion, creed, gender, sexual orientation, political affiliation, age, physical disability, or marital or family status.

First consideration will be given to qualified AIDS Help employees who apply for pneuings.

All applicants for vacant positions will be notified in writing of their selection or rejection within a reasonable period after recruitment is completed.

EMPLOYMENT PROCEDURES FOR NEW EMPLOYEES

At time of hire, all new employees will be given a copy of their position description and other employee orientation information bearing on their position.

Within five work days following date of hire, new employees will certify that they have read and agree to comply with AIDS Help's policies on Confidentiality and Anonymity, Conflict of Interest, and Drugs in the Workplace, as detailed in this

WORK SCHEDULE

AIDS Help's payroll week begins Monday and ends Sunday.

AIDS Help's standard workweek is 35 hours. Work hours are 9:00 a.m. to 5:00 p.m., Monday through Friday, with one hour each day for lunch. The Executive Director must approve lunch hours outside 11:30 a.m. to 2:30 p.m..

AIDS Help does not provide compensatory time for any employee. The Executive Director must approve flextime scheduling.

STANDARD PAID HOLIDAYS

The following nine standard holidays are paid holidays for all regular employees and probationary employees: New Years Eve, New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day and Martin Luther King, Jr.'s birthday. When any of these falls on Saturday, the preceding Friday is a paid holiday. When any of these falls on Sunday, the following Monday is a paid holiday.

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When a holiday falls within a period of paid leave, the holiday shall not be counted as a leave day in computing the amount of leave debited.

OPTIONAL PAID HOLIDAYS

Regular employees are eligible for two optional paid holidays (with the exception explained in the next paragraph) that they may select from the following: , Presidents' Day (third Monday in February), Columbus Day (second Monday in October), Veteran's Day (November 11), the day after Thanksgiving, the day after Christmas, two religious holidays, and the employee's birthday.

During the calendar year in which new employees attain regular full-time status, they may select two optional paid holidays only if that status began between January 1 and April 30. If that status began between May 1 and August 31, they may select one optional paid holiday during that calendar year. If that status began between September 1 and December 31, they are not eligible for an optional paid holiday that calendar year.

Employees must obtain prior approval from their supervisor for optional paid holiday leave. When optional paid holiday leave requests by employees are of such a number that not all can be granted without jeopardizing AIDS Help's ability to function, preference will be based on employment seniority.

Optional paid holidays must be used or lost during the calendar year they are earned and are not compensable upon termination of employment.

Full-time regular employees also shall receive one compensated use-or-lose personal day per calendar year.

PAID VACATION LEAVE

Paid vacation leave is a benefit for regular full-time and part-time employees who have successfully completed probation and have completed six months of employment with AIDS Help.

Paid vacation leave is calculated from date of hire. Regular employees (full-time and part-time) earn vacation leave at the following rates:

During the first 24 months of employment, .0462 hours of paid vacation leave is accrued for every paid hour. This equates to 12 days per work-year for an employee paid for 1,820 hours of work yearly (35 hours weekly times 52 weeks.) The maximum number of paid vacation leave hours accruable at this rate is 168 (24 days).

ABSENCE WITHOUT LEAVE

An unauthorized absence of an employee from duty, including absence for part of a day, is absence without leave. Such absences will be without pay and may be cause for disciplinary action up to and including termination of employment.

COVERAGE OF DUTIES

Whenever employees take any form of planned leave, it is their responsibility to ensure that another employee will adequately attend to their duties in their absence. Those taking leave should do their best to anticipate and prepare others for matters that may come up in their absence. Supervisors will see that steps are taken to ensure coverage of duties before employees go on leave.

PAY PERIOD AND TIME SHEETS

The pay period consists of two workweeks (Monday through Sunday), totaling 26 pay periods in a year. Payday is no later than the second Thursday following the end of a pay period.

All employees will maintain time sheets in AIDS Help's electronic database, allocating time among coded work categories. Failure to maintain and initial time sheets may result in delayed issuance of pay and possible disciplinary action.

OTHER WORK PROCEDURES AND STANDARDS

Employees are expected to be professional and courteous at all times. AIDS Help is a highly visible organization that depends on the community's good will and support. Every person who calls on the phone or visits the office should be treated with respect and helpfulness.

When employees are not sure how to handle an issue or answer a question, they should not respond speculatively but should be helpful in referring the matter to an appropriate source.

Employees re expected to report punctually for work and observe established

Employees are expected to notify their supervisor as soon as possible in the event of an absence relate to illness, health care or an emergency.

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When leaving the office, whether for a brief or extended time, employees must record their whereabouts and expected time of return on the board near he reception desk.

Regular attendance at staff meetings is required of all employees. Absences must have compelling justification and be approved by the appropriate supervisor.

In the event of any weather/disaster emergency, AIDS Help generally follows Monroe County government announcements. The Executive Director will make the decision of office closing or early dismissal and advise all employees.

Smoking is prohibited inside the AIDS Help office.

While AIDS Help does not have a dress code, employees are expected to be well groomed and neat, and to wear moderate attire for work. Dress should be appropriate for the situation or function.

Resource conservation is stressed by AIDS Help. Employees are expected to conserve on all cost-related items, including energy.

It is the employees' responsibility to ensure that no cost to AIDS Help results from any personal use of AIDS Help telephones.

VOLUNTEERS

The impetus for AIDS Help's creation in 1986 was the voluntary commitment of people in our community in response to the epidemic and their determination that no Monroe county resident with HIV/AIDS should ever be without the best available medical attention, a decent place to live, good nutrition, sensitive counseling, and compassionate personal care.

Volunteers remain the lifeblood of the organization, providing a broad range of professional, care giving, administrative, and personal skills.

All volunteers will be screened and approved by the Volunteer Coordinator. Volunteers must sign an agency confidentiality agreement. Volunteers providing transportation services for AIDS Help must provide AIDS Help with a copy of their valid driver's license and proof of insurance.

In working with volunteers, employees will show the same courtesy and professionalism expected among staff members.

OVERTIME PAY

AIDS help pays overtime only to employees compensated on an hourly basis who are not exempt under the Fair Labor Standards Act.

Overtime pay at the rate of one and one-half regular rate is compensated once a covered employee works more than 40 hours in a workweek.

Except in emergency situations, all overtime must be approved in advance by the Executive Director.

PERFORMANCE APPRAISALS

Performance review is conducted by AIDS Help to evaluate work performance, to assist the employee in reaching desired levels, and to determine the continued employment or dismissal of the employee.

A copy of the Performance Appraisal form is at Exhibit C.

Probationary employees undergo a performance appraisal just before the 90-day probationary period ends. Based on this appraisal, a probationary employee will receive regular status, extended probation, or termination.

All employees undergo a performance appraisal each year on or about the date of their anniversary of hire.

Performance appraisals are conducted by the employee's immediate supervisor, who recommends compensation adjustments that must be approved by the Executive Director before taking effect.

A special appraisal may be done any time an employee's overall performance falls below acceptable levels.

Supervisors may conclude from a performance appraisal that an employee should be terminated, in which case they will recommend termination to the Executive Director, who makes the final decision.

The exception to these performance appraisal policies and procedures is the Executive Director, who is appraised, compensated, continued, or terminated at the discretion of the Board of Directors.

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HEALTH/MEDICAL INSURANCE

AIDS Help pays 90% of the premiums for health/medical insurance under a group-type plan for regular full-time employees who wish to enroll and who are found eligible to participate by the provider.

When such employees are not eligible for the group-type plan, AIDS Help will pay their private health/medical insurance premiums up to but not exceeding the amount AIDS Help would pay were such employees eligible for the group-type plan. This benefit option is taxable to the employee as wages earned.

SIMPLE IRA PLAN

AIDS Help offers a **Savings Incentive Match Plan for Employees of Small Employers** (SIMPLE IRA). Employees are familiarized with the SIMPLE IRA Plan at the time of hire. Following is a summany of AIDS Help's plan:

- Employees may enter the plan immediately upon hire.
- AIDS Help will contribute an amount equal to 3% of the employee's salary, with the proviso that AIDS Help's contribution does not exceed the employee's contribution.

Example: An employee with a salary of \$20,000 decides to put 5% of that income into the plan, or \$1,000. AIDS Help will contribute an additional 3%, or \$600 for a total of \$1,600.

EQUAL EMPLOYMENT OPPORTUNITY AND NON-DESCRIMINATION POLICY

AIDS Help is committed to:

- Ensuring equality of opportunity and treatment for all employees without regard to race, sex, color, religion, creed, age, national origin, political affiliation, physical handicap, sexual orientation, family status or marital status;
- Providing equal employment opportunity to all persons and promoting realization of equal employment opportunity through a positive, continuing program;

- In any case in which the supervisor is witness to or confronted with a situation
 of harassment, the supervisor shall immediately notify the offending party that
 harassment is not appropriate and will not be tolerated. Ultimate disciplinary
 action will await completion of the reporting procedure.
- Employees subjected to any form of harassment should report such activity to their non-involved supervisor or to the Executive Director.
- A supervisor is required to report harassment cases to the Executive Director. Such reports to the Executive Director are to be made regardless of how knowledge of the case was acquired.
- The Executive Director shall investigate and prepare a report setting forth the facts of the case and a recommendation for action.

Disciplinary action: An employee who harasses another employee or member of the public may be subject to the full range of disciplinary action, including discharge.

AMERICANS WITH DISABILITIES ACT (ADA)

POLICY AND GRIEVANCE PROCEDURE

AIDS Help seeks to provide a reasonable policy and procedure that will ensure (1) equal opportunities for disabled persons to participate in and benefit from services, programs, or activities sponsored by AIDS Help; (2) a bias-free environment for disabled employees or for disabled persons who seek employment with AIDS Help; and (3) prompt and equitable resolution of complaints alleging discrimination on the basis of a disability.

Statement of Policy: AIDS Help does not discriminate on the basis of race, color, national origin, sex, religion, age, marital status, sexual preference or orientation, or disability in employment or the provision of services. It is the intent of AIDS Help to guarantee disabled persons equal opportunity to participate in or enjoy the benefits of its services, programs, or activities, and to allow disabled employees a bias-free work environment. AIDS Help, upon request, will provide reasonable accommodation in compliance with the Americans With Disabilities Art (ADA)

AIDS Help has a commitment to ensure equal opportunities for disabled employees. Every reasonable effort will be made to provide an accessible work environment and additional accommodations, including auxiliary aids and services. Employment practices (e.g., hiring, training, testing, transfer, promotion,

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compensation, benefits, termination, etc.) will be administered in such a manner as not to promote discrimination of disabled employees.

Recruitment and selection processes will grant equal opportunity for employment to qualified applicants and will not discriminate on the basis of disability. Reasonable accommodation will be provided upon request during an application/interview process.

In the event that citizens, employees, or other participants in AIDS help programs, services, and activities feel AIDS Help has violated their rights under the ADA, this policy provides a grievance procedure for handling such complaints.

Grievance Procedure: AIDS Help adopts the following internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the Equal Employment Opportunity Commission (EEOC) regulations implementing Title I of the ADA and the U.S. Department of Lustice regulations implementing Title I of the ADA. Title I of the ADA and the J.S. Department of Lustice regulations implementing Title I of the ADA. Title I of the ADA attaes that "no covered entity shall discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, and privileges of employment." Title II of the ADA states that "no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity."

Complaints should be addressed to Executive Director, AIDS Help, Inc., Post Office Box 4374, Key West, Florida 33041, telephone 305-296-6196. The Executive Director of AIDS help has been designated as the agency's ADA Coordinator for ADA compliance efforts. The Executive Director shall maintain the files and records of AIDS Help relating to the complaints filed and ensuing investigations.

OUTSIDE EMPLOYMENT

When employees engage in employment outside of AIDS Help, the Executive Director must be satisfied in advance that the employment creates no conflict of interest either in terms of type of work performed or hours of employment at AIDS Help. It is the responsibility of the employee to secure approval of the Executive Director for any outside employment.

EXHIBITS

віт с HIBIT B DIRECTOR OF FUNDRAISING RECEPTIONISTS FUNDRAISING THICH DIRECTOR OF FINANCE
ACCOUNTANT
BOOKKEEPER
ADMINISTRATIVE ASSISTANT
(HR/BENEFITS/PAYROLL) ADMINISTRATION AND FINANCE EXECUTIVE COMMITTEE BOARD OF DIRECTORS EXECUTIVE DIRECTOR DIRECTOR OF EDUCATION
AND PREVENTION
HEALTH EDUCATORS
OUTREACH WORKERS
HERR-O
HEALTH
EDUCATOR/GRANTS EDUCATION MIDDLE/UPPER KEYS BRANCH OFFICE CASE MANAGER CASE MANAGERS HOUSING CASE MANAGERS VOLUNTEER COORDINATOR DIRECTOR OF CLIENTS SERVICES CLIENT SERVICES 53

AIDS HELP, INC.

ANNUAL EMPLOYEE PERFORMANCE APPRAISAL

ORGANIZATION CHART (AS OF JULY 2007)

AIDS HELP, INC.

								EXHIE
POSITION:	RATING PERIOD:	AUCTIONS 1. Assign a weight for each performance factor that represents the factor's importance in respect to the position. Using the following scale, put the appropriate number on the "weight" line for each factor:	3=Primary Importance 1=Mmor Importance 2=Average Importance 0=Not Relevant Keep in mind that these weights are a function of (and inherent to) a position, not an employee.	bing the employee's performance. ral comments (optional). dation, if applicable. ee completes employee's response.	Weight	(Understanding of peasent job dufies and related work.) Lacks understanding of duties and knows little about related work. Understands in infimum requirements of position; knowledge should improve with experience. Understands is of menhanters, adequately informed; routing instruction given. Has very good knowledge of job and related work; rarely needs instruction, even in new situations.	JOB SKILLS (Demonstrated skills and abilities necessary for full job performance.) Has demonstrated inability to perform job functions despile training/instruction. Demonstrates minimal skills and abilities to produce acceptable work.	in using necessary skills and abilities. bilities.
EMPLOYEE NAME:	ANNIVERSARY DATE:	INSTRUCTIONS 1. Assign a weight for each performance factor that represents the factor scale, put the appropriate number on the "weight" line for each factor:	3=Primary Importance 2=Average Importance Keep in mind that these weights are s	Check the line baside the statement bast describing the employee's performance. Assign an overall rating level and make additional comments (optional). Complete Supervisor's probationary recommendation, if applicable. Complete Supervisor's probatication. Complete Supervisor's defilication. Complete Supervisor's defilication. Complete Supervisor defilication.	1 2	Lacks understanding of present for bothers and related work, Lacks understanding of duties and knows little about related work. Understands minimum requirements of position: knowledge should improve Understands bio medbanics, sedequately informed; outling instruction given. Has very good knowledge of job and related work, needs little instruction. Exceptionally well informed on all phases of work; rarely needs instruction,	FACTOR 2: JOB SKILLS (Demonstrated skills and abilities necessary for full jo (Demonstrated inability to perform job functions despite trainingf) Demonstrates minimal skills and abilities to produce acceptable work. Possesesses adequate skills and abilities to produce acceptable work.	Possesses above average competency in using necessary skills and abilities. Consistently superior use of skills and abilities.
								EX

FACTOR 13: RELATIONSHIP WITH OTHERS	
[Claim the relation of the control o	OR PROBATIONALY EMPLOYEES ONLY: SUPERVISOR'S RECOMMENDATIONS
Belates fairly well to theirs, works belt with some than others. Works well with others to a degree that promotes effectiveness.	Performance during probationary period is, or continues to be, rated at least "Effective." Bassin but addition may be taken to discontinue emplorment indess immediate steps are taken to improve performance to at least
Gets along extremely well with others. Has outstanding interpersonal skills and abilities.	Effective " Example proposition of the control of
7. To A. (Call of Call	Azerio Pulcatario del periodo con mability to receive an overalli rating of at least "Effective".
THE FOLLOWING FACTORS ARE TO BE KATED FOR SUPERVISORS ONLY FACTOR 14: ORGANIZATIONAL AND ADMINSTRATIVE EFFECTIVENESS AND EFFICIENCY	Successful completion of probationary period, based on an overall rating of at least "Effective".
(Supervisor's ability to plan, implement, and administer.)	
Exhibits demonstrated intability to organize and administer.	SUPERVISORY CERTIFICATION
Satisfactory plans and implements most tasks well with minimal direction.	
Above average; can be felled on to plan, implement and administer tasks competently. Outstooding the competence and received a competence of the competence	
	Inmediate Supervisor - Signature and Date Executive Director - Signature and Date
FACTOR 15: LEADERSHIP	
(Extent to which supervisor is able to motivate subordinates and help them realize their best.)	JUNE VICE TO THE PROPERTY OF T
Avoids or neglects leadership responsibility; does not have the respect of subordinates.	EMPLOYEE HESPONSE
Has not adequately developed leadership qualities but shows potential for growth.	
Obtains satisfactory tessuits from autoordinates. Morturates others successfully: develops personnel.	 How clearly do you understand what is expected of you regarding your job performance?
Exceptional leadership qualities.	Completaly along available is available of ma
	On preparaty oreas : I more waterly mans to expected of me. Very clear i generally know what is expected of me.
O Lafrid I Orline y	Usually clear. I seldom have to ask.
AAIING LEVELS	Sometimes clear, I sometimes have to ask.
EVEND ADV. Exercise the concentration of a participate overlain performance and admits, to	Not clear. I'm never sure of my duties and responsibilities.
CAMMENDABLE. Exceeds the excepted level of performance in some areas some of the time.	2 To what extent do you a read with this particularies (2)
EFFECTIVE: Meets the expected level of performance in all areas.	c. 10 migrestein to you agree min his pononnance approach.
MARGINAL: Fails to meet expected level of performance in some areas and performance needs to improve.	l agree completely.
UNSATISFACTORY: Fails to meet the expected level of performance in most areas.	l agree with almost all of it.
Comments:	I nave some significant disagreement. I disagree completely.
	3. Do vou have a current copy of vour job description?
	YES NO

EXHIBIT D

AIDS HELP, INC.

DRUG FREE WORKPLACE POLICY

To safeguard the health of our employees, to promote high standards of professionalism and quality services to our clients and to provide a safe working environment AIDS Help, Inc. has established a Drug Free Workplace Policy. This policy is implemented pursuant to the Drug Free Workplace program requirements stated in Florida Statutes 440.102, the rules of the Agency for Health Care Administration, and the Code of Federal Regulations 24 CFR 21

The AIDS Help, Inc. (AHI) Drug Free Workplace Policy prohibits the illegal use, consumption, sale, purchase, transfer, manufacture, distribution or possession, of drugs, and or other controlled substances by any employee or volunteer at the workplace, at AHI properties, at fund raising events, in AHI vehicles and other AHI activities.. This policy also prohibits the use of alcohol and the possession of open containers of alcohol by any employee or volunteer while on duty during office hours or scheduled work time. The use and possession of open containers of alcohol is strictly prohibited in AHI vehicles at any time. The illegal use and abuse of all substance as identified in this policy are considered detrimental to the individual, the effectiveness of the agency and the well being of the community.

It is also against AHI policy for employees or volunteers to report to work under the influence of drugs or alcohol. This policy includes prescription drugs, which induce an unsafe mental or physical state. Any employee or volunteer who is taking any prescription drug, which might impair safety, performance, or any motor functions should advise his/her supervisor before commencing work under such medication(s).

General categories of drugs include any alcohol including distilled spirits, wine, malt beverages, and intoxicating liquors, amphetamines, cannabinoids, cocaine, phencyclidine (PCP), hallucinogens, methaqualone, opiates, barbiturates, benzodiazepines, synthetic narcotics, designer drugs, or a metabolite or combination of the above substances. (See Section D.)

A. Job Applicant Drug Testing:

- Prior to hiring all final candidates for AHI employment will sign a Pre-employment statement confirming that they agree to take a drug test and they are a drug free applicant.
- All applicants will be provided a list of drugs by trade or common names for which they are being tested as well as a list of medications that may alter a drug screening.
- 3. Job applicants must pass the drug test prior to employment with AIDS Help, Inc.

- AHI will select the testing vendor, the type of drug test, and the test provider. AHI will cover all expenses relative to the drug test and drug test review.
- The Executive Director of AHI will receive and review all results of drug tests to insure compliance with the Drug Free Workplace Policy. The Executive Director shall determine if further drug tests are appropriate at that time.
- 6. In the case of applicants for the position of Executive Director, the President of the Board of Directors shall review the results of the drug testing and shall determine if further drug testing is required.

B. Employee Violation of Drug Free Workplace Policy:

- 1. AHI absolutely prohibits the use, consumption, sale, purchase, transfer, manufacture, distribution or possession of any illegal drug or controlled substance as enumerated in Section D. of this policy by any employee or volunteer at the workplace, on AHI properties, at fundraising events, in AHI vehicles and other AHI activities. This policy also prohibits the use of alcohol and the possession of open containers of alcohol by any employee or volunteer while they are on duty during office hours or scheduled work time. The use or possession of open containers of alcohol is strictly prohibited in AHI vehicles at any time. In addition, employees or volunteers are prohibited from being under the influence of any illegal drug, alcohol or controlled substance while on duty or while attending AHI sponsored training sessions. Legally prescribed medications are excluded from this prohibition, and are permitted only with the knowledge of the employee's immediate supervisor, and to the extent that the use of such medication does not adversely affect the employee's work ability or job performance, nor the safety of the employee or other.
- 2. All employees or volunteers who are assigned or volunteer to participate in AHI tundraising events that occur after work hours, where alcohol is being served or provided, are released from the alcohol prohibition of this policy and shall carefully monitor the amount of alcohol they consume and shall not consume an amount that would impair their ability to do their assigned work, impair their ability to represent the agency favorably or impair their safety and the safety of others.
- 3. AHI employees must immediately notify (the next working day) the Executive Director of AIDS Help, Inc. of any citation, arrest, or conviction of any drug_statute. AIDS Help, Inc., shall, as required by law, notify its funding source(s) of any staff convictions. In the case of charges against or a conviction of the Executive Director, he/she shall immediately inform the President of the Board.
- 4. An employee must notify the Executive Director in writing if he or she is convicted for a violation of a criminal drug statue occurring in the workplace and must do so no more than five days after the conviction.
- The Executive Director will notify each affected funding agency of the violation within ten days. The notification will include the employee's position title; the identification number of each affected award; and will be sent to the awarding

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(Hydromophone), M-S Contin and Roxanol (morphine sulfate),

Percodan, Vicodin

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Fiorinal, Fioricet, Esquic, Butisol, Mebaral, Butabarbital, Butabital,

Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate,

BARBITURATES

Phrenilin, Triad

BENZODIAZEPINES Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax,

Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril,

Centrax

METHADONE Dolophine, Metadose

PROPOXPHENE Darvocet, Darvon N, Solene.

E. Casual Labor and Contract Employees (Added by the AHI Board, 09/05/06)

Casual laborers and contract employees shall be excluded from the provision of the Drug Free Workplace Policy requiring a drug test for applicants prior to hiring as detailed in Section A. of the Policy.

A casual laborers, or contract employees shall be in violation of this Policy if they use, consume, sell, purchase, transfer, manufacture, distribute or possess illegal drugs, alcohol or controlled substance, or are under the influence of illegal drugs, alcohol or a controlled substance as enumerated in Section D. of the Policy while working at any AIDS Help, Inc. property, facility, office building, or event.

F. Notification

- 1. All employees will receive a copy of this policy.
- 2. New employees will receive a copy of this policy as part of their orientation.
- All employees will be informed of available drug counseling, rehabilitation and employee assistance programs.

Approved by the Board of Directors, March 01, 2002 Amended by the Board of Directors, July 05, 2002 Amended by the Board of Directors September 05, 2006

A.H. OF MONROE COUNTY, INC.

OFFICERS & BOARD OF DIRECTORS

OFFICERS:

President, Sally J. Lewis, Former Congressional Aide (May 2012) Executive Vice-President: Richard M. Klitenick, Esq., Attorney (May 2014)

Vice-President for Administration: Stephen Selka, Financial Consultant (May 2014)

Treasurer: Marcus Varner, Owner, Eden Entertainment, Inc. and We Be Fit, Inc. (May 2014)

Secretary: Susan Weekley, Businesswoman, Grocery Stores (May 2014) Recording Secretary (Non-Voting): Joseph Pais, Deputy Director, AIDS Help

DIRECTORS:

Aaron Castillo, Licensed Funeral Director (May 2014)

Jerome Covington, M.D. (May 2014)

Vernon Davis, Music Entretainment, EMT (May 2014)

Betsy Dietz, Public Relations Consultant (May 2013)

Donna Feldman, Real Estate May 2013)

Omar Garcia, Key West Firefighter (May 2013)

Bryan Green, Architect (May 2012)

William Hawthorne, M.D. (May 2013)

Janet R. Hayes, Retired School District Public Relations (May 2012)

Philip Hogue, Retired Bank President (May 2014)

Thomas Kraker, Entertainment Consultant and Property Management (May 2012)

Robert Leiby, Retired Stock Broker (May 2012)

Kate Miano, Owner, Proprietor, The Gardens Hotel (May 2012)

Laurie McChesney, Broker/Owner, Preferred Properties, C.R., Inc. (May 2013)

John Mumford, Owner, Details Landscaping and Design, Inc. (May 2013)

Bruce Peele, Client Representative, Retired (May 2013)

Michael Philip, Artist and Photographer (May 2013)

BOARD ATTORNEY:

Erica Hughes-Sterling, Attorney, Spottswood, Spottswood & Spottswood

BOARD OF DIRECTORS MEETING

Friday, April 15, 2011 The Reach Hotel, 12 Noon

MINUTES

PRESENT: Davis, Dietz, Green, Hawthorne, Hayes, Klitenick, Kraker, Leiby, Lewis, McChesney, Mumford, Philip, Selka, Weekley, Walker (Executive Director), Pais (Recording Secretary), Songer (Finance Director)

ABSENT: Castillo, Covington, Feldman, Garcia, Hogue, Miano, Peele, Varner

ITEM 1: Call to order

-Lewis called the meeting to order at 12:04p.m., noting a quorum of members present and accounted for. Lewis noted that there was a Revised Agenda distributed to all directors.

ITEM 2: Consent Agenda

-Lewis asked if any member wished to take an item off the Consent Agenda.

MOTION: To approve the Consent Agenda as presented. The motion was seconded and passed with unanimous vote of member present.

ITEM 3: Nominating Committee Report

-Hayes presented the Nominating Committee Report in the absence of Hogue who served as chair.

Re-nominated for an additional 3-year term:

-Jerome Covington, MD

-Susan Weekley

-Richard Klitenick

-Aaron Castillo

-Marcus Varner

-Steve Selka

-Hogue

MOTION: To accept the Nominating Committee Report and elect Covington, Weekley, Selka, Varner, Klitenick, and Castillo to a 3-year term. The motion was seconded and passed by unanimous vote.

ITEM 4: Election of Officers

-Hayes said that the Nominating Committee recommends the current list of officers be re-elected for a term of 1-year.

MOTION: To elect Lewis (President), Klitenick (Exec. Vice-Pres.), Selka (Admin. Vice-Pres.), Weekley (Secretary), Hogue (Treasurer). The motion was seconded and passed by unanimous vote of the directors

A.H. of Monroe County, Inc.

AIDS Help

BYLAWS

Amended by the Board of Directors November 05, 2010

AMENDED BYLAWS

A.H. of Monroe County, Inc. AIDS Help

ARTICLE I

OFFICES

The principal office of the Corporation shall be known as the Gordon Rollins Center and located at 1434-1436 Kennedy Drive, Luani Plaza, Key West, Florida 33040. The Corporation also may have offices at such other places (within or outside Monroe County, Florida) as the Board of Directors may from time to time determine, or as the purposes of the Corporation may require. The mailing address of the Corporation shall be Post Office Box 4374, Key West, Florida 33041-4374.

ARTICLE II

PURPOSES, POWERS AND LIMITATIONS

- 1. <u>Purposes</u>. The object, general purpose and nature of the Corporation shall be to establish and maintain in Monroe County, Florida, a Corporation that will assist persons within Monroe County who are infected with the Human Immunodeficiency Virus (HIV and who enroll as clients of the Corporation to access services and entitlements, appropriate to their personal and financial circumstances and to the state of their health, that will help maintain the best possible quality of life for them, their families, and their loved ones; to provide, as needed, direct financial assistance to clients; and generally to ensure, through professional case management practices and volunteerism, that the health care, housing, nutritional, counseling, support, referral, and informational needs of clients are met. The Corporation also shall engage in Acquired Immune Deficiency Syndrome (AIDS) educational efforts aimed at preventing the spread of HIV/AIDS.
- 2. <u>Powers</u>. Except as limited by the Corporation's Articles of Incorporation and the Bylaws, the Corporation shall have and exercise all rights and powers in furtherance of its purposes as are now or may hereafter be conferred on not-for-profit corporations under the laws of the State of Florida.
- 3. <u>Limitations</u>. Notwithstanding any other provisions of these Bylaws or of the Articles of Incorporation, the purposes for which the Corporation is organized are exclusively religious, charitable, scientific, literary and educational within the meaning of Section 501 (c)(3) of the United States Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law.

Notwithstanding any other provision of these Bylaws or of the Articles of Incorporation, the Corporation shall not carry on any activities not permitted to be carried out by an organization exempt from federal income tax under Section 501 (c)(3) of the United States Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law.

Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization(s) as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE III

DIRECTORS

- 1. <u>Governance</u>. A Board of Directors consisting of no fewer than five (5) Directors, all of whom shall be a majority age and must be competent to contract, shall govern and manage the Corporation.
- 2. <u>Selection and Term</u>. The Board of Directors shall be composed of volunteers who commit their services for this purpose for a period of three (3) years, and who are nominated by the Nominating Committee based on the qualification criteria established by the Board. Nominees are elected by a majority vote of the Board of Directors.

The Chair of the Fundraising Committee shall be a member of the Board of Directors for as long as he or she serves as Chair of the Fundraising Committee. He or she will not serve on any other committee, unless directed by the President.

- 3. <u>Increase or Decrease in Number of Directors</u>. The number of Directors may be increased or decreased by vote of a majority of the entire Board of Directors. No decrease in the number of Directors shall shorten the term of an incumbent Director.
- 4. Newly Created Directorships and Vacancies. The Board may fill any vacancy on the Board by a simple majority vote. A director elected to fill a vacancy shall serve the unexpired term of his/her predecessor.
- 5. Resignations and Removal. Any Director may resign from the Board at any time by giving written notice to the President or the Secretary and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it

effective. A Director may be removed from office at any time with or without cause by an affirmative vote of two-thirds of the Directors then in attendance.

- 6. <u>Attendance</u>. Each Director shall attend at least fifty percent (50%) of each term year's Board meetings (a term year consisting of the period beginning on the day of an annual meeting and running through the day immediately preceding the day of the next annual meeting). Further, no Director shall be absent, without having given prior notice to the Corporation's office, from more than two (2) consecutive meetings. Nonconformance with either of these provisions may result in a Director's removal from office.
- 7. <u>Committee Membership</u>. Each Director shall serve on at least one standing committee of the Board.
- 8. Quorum. A majority of Directors shall constitute a quorum for transacting business. If at any meeting of the Board there shall be fewer than a quorum present, a majority of those present may adjourn the meeting from time to time until a quorum is obtained, and no further notice thereof need be given other than by announcement.
- 9. Action of the Board. Unless otherwise provided by law, the vote of a majority of the Directors present at the time of a vote, if a quorum is present at such time, shall be the act of the Board. Each Director present shall have one vote. Any action authorized by resolution, in writing, by all of the Directors entitled to vote thereon and filed with the minutes of the Corporation shall be the act of the Board with the same force and effect as if the same had been passed by unanimous vote at a duly called meeting of the Board.
- 10. <u>Place and Time of Board Meetings</u>. The Board may hold its meetings at the Corporation office or at such other places, within or without the State of Florida, as it may from time to time determine. AIDS Help, Inc. is a not for profit Corporation that that maintains confidentiality of clients at all Board meetings and meetings of all standing committees and ad hoc committees of the Board.
- 11. <u>Notice of Board Meetings</u>. Regular Board meetings may be held without notice at such time and place as the Board shall from time to time determine. The notice of any such meeting need not specify the purpose of such meeting.
- 12. <u>Notice of Special Board Meetings:</u> Special Board meetings shall be held upon notice to the Directors and may be called by the President upon twenty-four(24) hours notice to each Director, either personally or by mail or by electronic mail, FAX or telephone. Special meetings shall be called by the President or by the Secretary in like manner on written request of one Director.
- 12. <u>Adjournment</u>. A majority of Directors present, whether or not a quorum is present, may adjourn any meeting to another time and place. Notice of adjournment shall be given to all Directors who were absent at the time of adjournment and, unless such time and place are announced at the meeting, to the other Directors.

- 13. <u>Leave of Absence.</u> Any Officer or Director may request and receive a Leave of Absence from the Board of Directors if they have served two-full years of any three-year term as a Director.
 - a. Application for a leave must be made to the President of the Board and placed on the Agenda of the next regularly scheduled Board meeting.
 - b. Once Leave of Absence is granted, the Director or on leave shall not be counted in establishing an official quorum for any meeting.
 - c. Leave of Absence for any Officer or Director will not exceed a six month continuous period, from the date of Board authorization and approval.

ARTICLE IV

COMMITTEES

1. Authorities and Powers.

- a. By resolution the Board may designate committees to serve at the pleasure of the Board. Such committees shall have such powers as the Board may determine except to the extent prohibited by law, with the proviso that, except with respect to an Executive Committee or where a committee is explicitly delegated authority to act when the Board is not in session, committees shall serve in an advisory capacity to the Board regarding those aspects of the Corporation's business for which they have been assigned purview.
- b. No committee shall approve any action or proposal required either by law or by the Articles of Incorporation to be approved by the Board; nor fill vacancies in the membership of the Board or any committee; nor adopt, amend, or repeal these Bylaws; nor act on matters committed by these Bylaws or by Board resolution to the Board or to another committee.
- 2. <u>Committee Appointments</u>. The President shall appoint committee members, fill vacancies on committees, and designate committee chairs, with the exception that in the case of any committee delegated to act on the Corporation's behalf, the committee membership and chair will be designated, and any vacancies shall be filled, by the Board.
- 3. <u>Committee Membership and Chairs</u>. All committees shall include one or more Directors, shall be chaired by a Director, and may include volunteers who are not Directors, with the following exceptions:
- a. The Executive Committee shall include only Officers and Directors, and shall be chaired by the President; and
 - b. The Budget and Finance Committee shall be chaired by the Treasurer.

- c. The Fundraising Committee shall nominate new members to the committee and nominate the chair and co-chair of the committee to the Board of Directors for approval. The requirement that a Board member chair the committee shall be waived.
- 4. <u>Designation</u>. The Board shall designate and maintain the following standing committees to serve the general purposes indicated and such other purposes that appropriately may become assigned to them:
- a. Executive Committee. Comprised of the Officers of the Board and a rotating list of no more than four Directors, this committee shall advise the Board and shall be empowered to act for the Board within such limits as the Board explicitly shall resolve. In the event that a quorum is not attained for an Executive Committee meeting and, further, that a quorum would be attained by the presence of one additional Director, the ranking Officer present may designate any Director a temporary member of the Executive Committee to be present at and to participate in that one particular meeting as a voting alternate for an absent Officer or Director, thereby establishing quorum for the meeting in question. To define the term "ranking" above, the President is the ranking Officer, followed by the Vice-President, followed by the Secretary, followed by the Treasurer; and in the event that more than one Director serves as a Vice-President, the Board shall rank Vice-Presidents, the senior of which shall be called the Executive Vice-President. The committee shall evaluate the Corporation's salary and benefits program, as well as the morale and effectiveness of the Corporation staff, and it shall recommend policies, procedures, and actions pertaining thereto.
- b. Budget and Finance. This committee shall conduct reviews, make recommendations, and provide counsel in respect to the Corporation's financial budget, strategies, plans, operations, management, and audits.
- c. Nominating. This committee shall nominate persons to serve as Directors and Officers of the Corporation. At the January meeting of the Board of Directors, the Board shall identify the vacancies on the Board, and establish qualifications and criteria for new members. The committee shall present a preliminary report to the Board in February. In April the committee will present the final list of nominees to the Board of Directors. Nominations shall be accepted from the floor throughout the process.
- d. Fundraising. This committee shall recommend fundraising projects to develop the Corporation's financial resources and shall, pursuant to Board approval, implement such projects.
- e. Residential Housing. This committee shall assess and make recommendations in respect to the housing requirements and programs of the Corporation.

f. Planned Giving. This committee shall recommend and, pursuant to Board approval, undertake activities with the aim of assisting donors to the Corporation to achieve their charitable goals with maximum effect.

The Board may designate additional standing committees and ad hoc committees as necessary.

- 5. <u>Ex Officio</u>. The Executive director of the corporation shall be an ex officio, non-voting member of all committees.
- 6. <u>Resignation</u>. Any committee member may resign there from by providing written notice of resignation to the President or Secretary of the Board or to the chair of the committee in question, and any such resignation shall become effective immediately upon receipt of the notice or at such later date as may be specified in the notice.
- 7. <u>Removal</u>. Any committee member may be removed from office at any time, with or without cause, by the President or Board, with the exception that any member of a committee authorized to act on behalf of the Board Corporation (including but not limited to the Executive Committee) may be removed only by the Board.
- 8 Compensation. Committee members shall not receive any compensation for their services, but a reasonable amount may be allowed for reimbursement of expenses incurred in attending to their authorized duties, including but not limited to their attendance at meetings and seminars; provided that, except as may be limited by this Article, nothing herein contained shall be construed to preclude any committee member from serving the Corporation in any other capacity and receiving compensation therefore.

ARTICLE V

OFFICERS

- 1. <u>Selection</u>. The Board may elect or appoint a President, one or more Vice-Presidents, a Secretary, and a Treasurer, and such other Officers as it may determine, who shall have such powers and duties as herein provided.
- 2. <u>Appointment and Tenure</u>. All officers shall be selected and take office each year at the annual meeting for terms of one year.
- 3. <u>Resignation and Removal</u>. An Officer may resign at any time by giving written notice to the President or to the Secretary, and unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

Any Officer may be removed at any time, with or without cause, by the Board whenever it judges that removal serves the Corporation's best interest.

4. <u>Vacancies</u>. A vacancy in an Office may be filled by the Board for the

unexpired portion of the term.

5. Duties of Officers.

- a. President. The President shall be the principal governing Officer of the Corporation. When present, the President shall preside at all meetings of the Board. The President shall perform all duties incident to the Office of President and such other duties as may be prescribed from time to time by the Board.
- b. Vice-President(s). In the absence or disability of the President, the Vice-President (or, if there are more than one, the Executive Vice-President) shall have all powers and functions of the President. Each Vice-President shall perform such other duties as may be prescribed from time to time by the Board.
- c. Secretary. The Secretary shall attend meetings of the Board and perform such other duties as may be from time to time prescribed by the Board or assigned by the President.
- d. Treasurer. The Treasurer shall chair the Finance and Budget Committee and performs such other duties as may be from time to time prescribed by the Board or assigned by the President.
- e. Recording Secretary. The Recording Secretary shall attend meetings of the Board and the Executive Committee, record all votes and minutes of all proceedings in a book to be kept for that purpose, give or cause to be given notice of all meetings of the Board and Executive Committee, and keep in safe custody the seal of the Corporation and affix said Seal to any instrument when so authorized by the Board. The Recording Secretary shall be a non-voting member of the Board.
- 6. Honorary Chair. The Board may appoint an Honorary Chair of AIDS Help, Inc., who may serve on a voluntary basis as spokesperson for the Corporation and may represent the Corporation at public events, in press releases or media appearances, and on other occasions where the good will and better understanding of the Corporation may be fostered.

ARTICLE VI

THE CLIENT LIAISON TO THE BOARD OF DIRECTORS

A Client Liaison to the Board may be selected from among the Corporation's clients, and in a manner determined by the Board, to facilitate representation of the clients' interests throughout deliberations and actions of the Board. The incumbent shall have one vote in all matters that come before the Board for a vote.

1. <u>Representation</u>. Two client liaisons will be selected. One will be selected to represent Key West and one will be selected to represent the Keys.

- 2. <u>Term</u>. Each representative will serve a two (2) year term as client liaison. The terms will be staggered so that each year a new client liaison will be selected.
- 3. <u>Selection Process</u>. The Client Committee will notify clients of an opening for client liaison in the Client Newsletter or by letter. Any client interested in serving will submit an application to the Client Committee. A selection committee will review the applications and nominate a client liaison to the board of Directors prior to the May annual meeting. Once elected by the Board, the client liaison will be invited to the annual meeting and will be seated at the next regular meeting following the annual meeting.
- 4. <u>Role</u>. The client liaisons will represent the interests and concerns of the clients to the Board of Directors and report back to the Client Committee. They are expected to stay current on local, state and national issues related to HIV/AIDS and when requested will represent the agency at state and national conferences.

As representatives of the clients they will be expected to attend Board of Directors meetings, Client Committee meetings, meetings of the HIV Planning Partnership, Patient Care and/or Prevention meetings.

The client liaisons will provide policy and procedural information to clients and will assist and support clients with the grievance procedure.

ARTICLE VII

INDEMNIFICATION OF OFFICERS AND DIRECTORS

Each Officer and Director of the Corporation shall be indemnified as of right to the fullest extent permitted by current or future legislation, or by current or future judicial or administrative decision, against any fine, liability, cost or expense, including attorneys' fees, asserted against or incurred by the Officer or Director. The Corporation may agree to grant the same right of indemnification to other agents or employees of the Corporation and to persons serving at the Corporation's request as its representative in the position of a director, officer, agent, or employee of another enterprise. The right of indemnification shall extend to the heirs, personal representatives, and estate of each person granted the right pursuant to the preceding sentences. The right of indemnification shall not be exclusive of other rights to which those seeking indemnification may be entitled. The Corporation shall maintain insurance at its expense to protect itself and any such person against any fine, liability, cost, or expense, whether or not the Corporation would have the legal power directly to indemnify the person against that liability.

ARTICLE VIII

REVOCABILITY OF AUTHORIZATIONS

No authorization, assignment, referral, or delegation of authority by the Board to any committee, Officer, Director, agent, or other official of the Corporation, or to any other organization that is affiliated with or conducted under the auspices of the Corporation, shall preclude the Board from exercising the authority required to meet its responsibilities. The Board shall retain the right to rescind any such authorization, assignment, referral, or delegation in its sole discretion.

ARTICLE IX

EMPLOYEES

The Board may employ such personnel as it deems necessary or desirable for the Corporation's efficient operation.

Employment of an Executive Director.

- 1. Subject to availability of resources and funding, the Board shall employ an Executive Director and shall evaluate the incumbent at least once a year, such evaluation to be conducted by a committee consisting of the Officers and any other person(s) who may be appointed by the President. The Executive Director shall generally control and supervise all business and affairs of the Corporation.
- 2. The Executive Director shall be responsible for keeping the organizational records and for carrying out policies and programs of the Board in conformance with these Bylaws, with Board policies, with applicable public laws and regulations, and with applicable contracts executed by the Board. Further, the Executive Director shall have authority to employ, supervise, and terminate staff within the financial and operational policy guidelines established by the Board; and shall attend meetings of the Board and its committees and participate without voting.

ARTICLE X

RULES

The Board may adopt, amend, or repeal rules (not inconsistent with these Bylaws) for the management affairs of the Corporation and the governance of its Officers, Directors, agents, committees, and employees.

ARTICLE XI

CORPORATE SEAL

The Seal of the Corporation shall be circular in form and bear the Corporation's name, the year of the Corporation's origination, and the words "Non-Profit, Corporate Seal, Florida." The Seal may be used by causing it to be impressed directly on the instrument or the writing to be sealed, or upon adhesive substance affixed thereto.

ARTICLE XII

CONSTRUCTION

Whenever a conflict arises between the language of these Bylaws and the Articles of Incorporation, the latter shall govern.

ARTICLE XIII

MISCELLANEOUS

- 1. <u>Contracts</u>. The Board may authorize any Officer or agent of the Corporation, in addition to the Officers so authorized by these Bylaws, to enter into any contract or execute any instrument in the name and on behalf of the Corporation, and such authority may be general or confined to specific instances.
- 2. <u>Checks, Drafts, Et cetera</u>. All checks, drafts, or other orders for the payment of money, and all notes or other evidences of indebtedness issued in the Corporation's name, shall be signed by such Officer or Officers, or agent or agents, of the Corporation and in such manner as shall from time to time be determined by Board resolution. In the absence of such determination by the Board, such instruments shall be signed by the Treasurer and countersigned by the President or Executive Director.
- 3. <u>Deposits</u>. All funds of the Corporation shall be deposited to the credit of the Corporation in one or more such banks, trust companies, securities firms, or other depositories as the Board may designate, upon such terms and conditions as shall be fixed by the Board. The Board may authorize the opening and keeping, with any such depository as it may designate, of general and special bank accounts or other forms of account and may make such special rules and regulations with respect thereto, not inconsistent with the provisions of these Bylaws, as it my deem necessary.
- 4. <u>Gifts</u>. The Board may accept on the Corporation's behalf any contributions, gifts, bequests, or devises for and consistent with the general purposes, or for and consistent with any special purpose, of the Corporation.

- 5. <u>Books and Records</u>. The Corporation shall keep correct and complete books and records of account and shall also keep records of the actions of the Corporation, which records shall be open to inspection by Directors at any reasonable time.
- 6. <u>Annual Report</u>. The President shall cause an Annual Report to be submitted to the Board as soon as practical after the close of each fiscal year of the Corporation.
- 7. <u>Fiscal Year: Accounting Election</u>. The fiscal year of the Corporation shall run from July1 through June 30, or for such other term as the Board may determine by resolution. Methods of accounting for the Corporation shall be as the Board shall from time to time determine by resolution.

8. Notice.

- a. Effective Date. Unless otherwise specified herein, any notice required or permitted to be given pursuant to the provisions of the Articles of Incorporation, these Bylaws, or applicable law, shall be in writing, shall be sufficient and effective as of the date personally delivered, or, if sent by mail, on the date deposited with the United States Postal Service or other carrier, prepaid and addressed to the intended receiver at such receiver's last known address as shown in the Corporation's records.
- b. Waiver of Notice. Whenever any notice is required to be given under the provisions of the Florida General Corporation Act or Florida Not For Profit Corporation Act or under the provisions of the Articles of Incorporation, these Bylaws or applicable law, a waiver thereof in writing signed by the persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice. The attendance of a Director at any meeting shall constitute a waiver of notice of such meeting, except where a Director attends a meeting for the express purpose of objecting to the transaction of any business on the ground that the meeting is not lawfully called or convened.
- 9. <u>Loans to Officers and Directors</u>. No loans shall be made by the Corporation to Officers or Directors, except in the case of an Officer or Director who is also a client of the Corporation and who applies for and is deemed eligible to receive a loan under standard policies and procedures regulating loans to clients.
- 10. <u>Voting of Shares Owned by the Corporation</u>. Unless otherwise ordered by the Board, the President, (Executive) Vice-President, Secretary, Treasurer, and Executive Director, or any of them, shall have full power and authority on behalf of the Corporation to attend, to vote at, and to grant proxies to be used a any meeting of shareholders of any entity in which the Corporation may hold stock or otherwise be a member, or to otherwise exercise rights of any such entity. The Board may confer such powers upon any other person(s).

- 11. Conflict of Interest. The Corporation shall maintain a code of conduct governing its Directors, Officers, employees, and agents in order to preclude conflicts of interest. All Directors, Officers, employees, volunteers, and agents shall, upon assuming their association with the Corporation, sign a statement certifying that they have read, have understood, and will comply with the Corporation's policy and procedure regarding Conflict of Interest.
- 12. Vote by Presiding Officer. The person acting as presiding officer at any meeting held pursuant to these Bylaws shall, if a voting member thereof, be entitled to vote on the same basis as if not acting as presiding officer.
- 13. Gender and Number. Whenever the context requires, the gender of all words used in documents of the Corporation, including these Bylaws, shall either be neuter or include both feminine and masculine, and the number of all words appropriately shall include the singular and plural thereof.
- 14. Articles and Headings. The Articles and Headings contained in these Bylaws are for reference purposes only and shall not affect the meaning or interpretation of the Bylaws.
- 15. Power to Make, Alter and Repeal Bylaws. The Board shall have the power to make, alter, or repeal these Bylaws at any meeting by a majority vote of Directors present, provided that a quorum shall be present and that notice of the proposed action shall have been included in the notice of meeting or is waived in writing by all Directors.
- 16. Minutes. Minutes of all Board meetings shall be kept and shall be approved by the Board prior to being filed as part of the Corporate records. Such approval shall require a quorum of Directors and unanimity of those Directors constituting that quorum, and shall be certified by the Secretary's signature on the Corporate (original) copy of the minutes. Board committees shall not be required to keep minutes unless specifically instructed by the Board to do so; however, if a committee not so instructed chooses to keep minutes, such minutes shall not require Board approval nor Corporate filing.

CERTIFICATIONS

1. Prepared by:

I, JOSEPH G. PAIS, CERTIFY IN GOOD FAITH THAT THE PRECEDING TEXT, PREPARED BY ME IN ITS TYPED FORMAT, IS AN ACCURATE CONFORMED TEXT OF THE BYLAWS OF THIS CORPORATION PRODUCED TO REFLECT THE AMENDMENT APPROVED BY THE BOARD OF DIRECTORS, MEETING ON FEBRUARY 4, 2005. Joseph G. Pais

Recording Secretary, Board of Directors

2. Secretary of the Board:

I, SUSAN WEEKLEY, ACCEPT IN GOOD FAITH THE PREPARER'S PRECEDING STATEMENT AND ACCORDINGLY CERTIFY THAT THIS TEXT IN TWELVE PAGES STANDS, FEBRUARY 04, 2005 AS THE OFFICIAL BYLAWS OF THIS CORPORATION; THAT IT SUPERSEDES AND REPLACES ALL PREVIOUS TEXTS OF THESE BYLAWS; AND THAT IT WILL STAND AS THE CORPORATION'S BYLAWS UNTIL SUCH TIME AS THE BOARD OF DIRECTORS MAY APPROVE FURHER AMENDMENT TO THESE BYLAWS.

Swaw Veeklee	1
Susan Weekley	1
Secretary,	Υ'
Board of Directors	

****** End Certifications and Entire Document ***********